



Massachusetts Department of Environmental Protection

eDEP Transaction Copy

Here is the file you requested for your records.

To retain a copy of this file you must save and/or print.

Username: **JMFOLEYEC**

Transaction ID: **727113**

Document: **AQ Source Registration Package**

Size of File: **2462.23K**

Status of Transaction: **In Process**

Date and Time Created: **4/7/2015:7:44:33 AM**

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Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

Source Registration Overview

Create or Amend a Source Registration Forms Package

2014

Year of Record

1210261

Facility AQ identifier



Click "?" icons for important notes



IMPORTANT!



How do you replace units?

A. Create a Source Registration Package

1. Select existing or new facility:

Existing Facilities: To create a complete package for 2014 check box.

New Facilities – check if you have never before submitted a Source Registration

check if you added emission units or stacks since your last report.

2. Validate this form:

Date Received (DEP use only – mm/dd/yyyy)	DEP Facility Passcode:
---	------------------------

B. Amend a Source Registration



How do you amend a prior year's Source Registration?

1. If you need to correct or add to a previously submitted Source Registration for 2014 check the boxes in the list below to select the forms/units you wish to work on. Check here to add new units:

2. Validate this form:

Facility Name: **WHEELABRATOR NORTH ANDOVER INCORPORATED**



How does the new numbering system differ from the old?

Our records indicate that this facility has: **10** Emission Units (points) and **3** Physical Stacks

- AP-SR Source Registration Form (general facility and contact information) – REQUIRED
 AP-TES Total Emissions Statement (facility-wide emissions; includes hazardous Air Pollutant (HAP) reporting).

	Emission unit name (from prior submittals)	Facility's ID#	DEP#	AP form	Last update
<input checked="" type="checkbox"/>	DIESEL FIRE PUMP	3	3	AP-1	2013
<input checked="" type="checkbox"/>	PEBBLE LIME STORAGE SILO WITH FABRIC FILTER VENT	7	7	AP-2	2013
<input checked="" type="checkbox"/>	CARBON STORAGE SILO WITH FABRIC FILTER VENT	4	10	AP-2	2013
<input checked="" type="checkbox"/>	HYDRATED LIME STORAGE SILO WITH FABRIC FILTER VENT	6	11	AP-2	2013
<input checked="" type="checkbox"/>	COOLING TOWER	CT-1	13	AP-2	2013
<input checked="" type="checkbox"/>	WET SCRUBBER (ASH HOUSE)	EU-3	14	AP-2	2013
<input checked="" type="checkbox"/>	MUNICIPAL WASTE COMBUSTOR/BOILER #1	1	1	AP-3	2013
<input checked="" type="checkbox"/>	MUNICIPAL WASTE COMBUSTOR/BOILER #2	2	2	AP-3	2013
<input checked="" type="checkbox"/>	ABOVEGROUND UREA STORAGE TANK	9	9	AP-4	2013
<input checked="" type="checkbox"/>	ABOVEGROUND DIESEL FUEL STORAGE TANK	12	12	AP-4	2013
<input checked="" type="checkbox"/>	DUAL FLUE STACK: 2 MUNICIPAL WASTE COMBUSTORS	1	1	AP-STAC	2013
<input checked="" type="checkbox"/>	DIESEL FIRE PUMP STACK	2	2	AP-STAC	2013
<input checked="" type="checkbox"/>	WET SCRUBBER STACK (ASH HOUSE)	3	3	AP-STAC	2013

Additional units (if any) listed on following pages



Source Registration Overview

Create or Amend a Source Registration Forms Package



Source Registration Overview

Create or Amend a Source Registration Forms Package

1210261
Facility AQ identifier



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-SR

Source Registration

2014

Year of Record

1210261

Facility AQ identifier

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Facility Information

1. Facility - the site or works at which the regulated activity occurs:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility Name

285 HOLT RD

b. Facility Street Address Line 1

c. Facility Street Address Line 2

NORTH ANDOVER

d. City/Town

9786889011

g. Facility Phone Number

MA

018450000

e. State

f. Zip Code

9787948058

h. Facility Fax Number

2. Mailing address: same address as facility address

285 HOLT ROAD

a. Facility Mailing Address / PO Box Line 1

b. Facility Mailing Address / PO Box Line 2

NORTH ANDOVER

c. City/Town

MA

018450000

d. State

e. Zip Code

3. Facility type – check one:

Utility Private Tribal Federal State Local Government

4. ORIS Facility Code - for large electrical utilities only:

ORIS Facility Code

5. ID numbers:

132771

a. DEP Account number / FMF Facility #

1210261

b. Facility AQ identifier – SSEIS ID number

6. Location (check box to enter either UTM OR Lat/Long) :



How to find
location data ?

a. UTM coordinates

c. UTM Horizontal - meters

d. UTM Vertical - meters

e. UTM Zone

Valid Ranges:

b. Latitude/Longitude

42.726285

f. Latitude 42.9° - 41.2°

71.121614

g. Longitude – West

73.5° - 69.8°

Enter positive values only.



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-SR

Source Registration

2014

Year of Record

1210261

Facility AQ identifier

A. Facility Information (cont.)



7. North American Industry Classification System (NAICS) 6 digits:

562213

a. (Primary)

b.

c.

d.

8. Facility description (what is being produced and how it is being produced at this facility – update as needed):

MUNICIPAL SOLID WASTE IS COMBUSTED IN A MUNICIPAL WASTE COMBUSTOR. HEAT IS RECOVERED IN THE FORM OF STEAM AND USED TO PRODUCE ELECTRICITY IN A STEAM DRIVEN TURBINE GENERATOR SET.

9. Facility's normal hours of operation:

12:00 AM

a. Start time

12:00 AM

b. End Time

c. Continuous - 24 x 7 x 52

d. Which days is the facility open? S M T W T F S

10. Number of employees: **49**



Who is an Owner ?

11. Facility Owner: same address as facility mailing address (will copy address into fields below)

Please contact your DEP Regional Office if the ownership of this facility has changed.

WHEELABRATOR NORTH ANDOVER INC

a. Owner or Corporation Name

285 HOLT ROAD

b. Mailing Address Line 1 (for owner or corporation)

c. Mailing Address Line 2

NORTH ANDOVER

d. City/Town

MA

018450000

f. Zip Code



UNITED STATES

g. Country

9786889011

h. Owner Phone Number

9787948058

i. Extension

j. Owner Fax Number

semerson@wm.com

k. Owner E-mail Address

l. Owner TIN (Taxpayer Identification Number - 9 digits)





Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-SR

Source Registration

2014

Year of Record

1210261

Facility AQ identifier

A. Facility Information (cont.)

12. Facility **contact** information:

- same address as facility address
 same address as facility mailing address

SCOTT

a. Facility Contact First Name

285 HOLT ROAD

b. Mailing Address Line 1

c. Mailing Address Line 2

NORTH ANDOVER

d. City/Town

USA

g. Country

9786889011

i. Phone Number

EMERSON

Contact Last Name

MA

e. State

018450000

f. Zip Code

semerson@wm.com

h. E-mail Address

9787948058

j. Extension

k. Fax Number

13. Air emissions information contact:

- same as facility contact name and address
 same address as facility address

RICHARD

a. Air emissions contact First Name

4 LIBERTY LN WEST

b. Mailing Address Line 1

c. Mailing Address Line 2

HAMPTON

d. City/Town

USA

g. Country

6039293153

i. Phone Number

FALK

Air emissions contact Last Name

NH

e. State

038420000

f. Zip Code

rfalk@wm.com

h. E-mail Address

6039293315

j. Extension

k. Fax Number

B. Preparer

1. Identification information for **preparer** of this submittal:

- same as facility air emissions contact name and address
 same as facility contact name and address
 same address as facility address

JOHN

a. Preparer First Name

26 FLORENTINE GARDENS

b. Mailing Address Line 1

c. Mailing Address Line 2

SPRINGFIELD

d. City/Town

USA

g. Country

4137338872

i. Phone Number

FOLEY

Preparer Last Name

MA

e. State

011082508

f. Zip Code

john.m.foley@comcast.net

h. E-mail Address

4137338872

j. Extension

k. Fax Number



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-SR

Source Registration

2014

Year of Record

1210261

Facility AQ identifier

C. Notes and Attachments

1. **Notes:** please include in the space below any additional information that will help DEP understand your submission.

2. **Attachments:**

- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that **cannot** be sent electronically, please list all such attachments in notes above and deliver them to DEP with a paper copy of this form.

D. Certification



Who is a
Responsible
Official ?

"I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and, that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

A responsible official for the facility must provide the electronic signature. **The signature and date are inserted below by eDEP when the package is submitted.**

Responsible official – complete all fields below:

SCOTT

a. Print First Name

EMERSON

b. Print Last Name

PLANT MANAGER

c. Title

9786889011

d. Phone Number

semerson@wm.com

e. E-mail Address



What if you are not a Responsible Official ?

Signed under the pains and penalties of perjury:

Signature of Responsible Official

Date

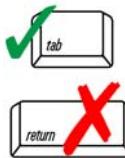
eDEP enters these fields automatically on submission.

BWP AQ AP-STACK

Physical Vertical Stacks

Complete one AP-STACK form for EACH physical stack at the facility

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



What to do if data is unknown or unavailable?

A. Stack Description

1. Facility identifiers:

How to report combined units/stacks: see 3b below

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

1210261

b. DEP Account number

c. AQ identifier – SSEIS ID number

2. Stack identifiers:

**WET SCRUBBER STACK (ASH HOUSE)**

a. Facility's choice of stack name – edit as needed

3

3

b. Facility's stack number – edit as needed

c. DEP stack # – old SSEIS stack #

3. Type: a. vertical vertical with rain cap/sleeve b. Combined stacks – enter number of individual stacks: _____



4. Dimensions:

28.71

Height in feet above the ground

3

Internal Diameter in feet

5. Gas exit velocity:

23.5

Low end - feet per second (0.1 – 500)

47

High end - feet per second (0.1 – 500)

6. Exit temperature:

68

Low end - °Fahrenheit (50 – 1800)

68

High end - ° Fahrenheit (50 – 1800)

7. Stack liner material: metal brick refractory other:

FIBERGLASS

Describe Other

8. Decommission date – if applicable:

(mm/dd/yyyy) Complete only if the stack was permanently removed

How to delete a stack?

B. Emission Units Associated with Stack – eDEP Only

Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). **Note:** this list does not reflect changes you have made on-line, but not yet submitted.

Important:
To assign an emission unit to this stack, enter the Stack Id No. on the form for the emission unit (i.e., AP1, AP2, or AP3).

EU#EU-3-WET SCRUBBER (ASH HOUSE)

C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission.

2. Attachments:

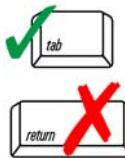
- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that **cannot** be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

BWP AQ AP-STACK

Physical Vertical Stacks

Complete one AP-STACK form for EACH physical stack at the facility

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



What to do if data is unknown or unavailable?

A. Stack Description

How to report combined units/stacks: see 3b below

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

1210261

b. DEP Account number

c. AQ identifier – SSEIS ID number

2. Stack identifiers:



DIESEL FIRE PUMP STACK

a. Facility's choice of stack name – edit as needed

2

2

b. Facility's stack number – edit as needed

c. DEP stack # – old SSEIS stack #

3. Type: a. vertical vertical with rain cap/sleeve b. Combined stacks – enter number of individual stacks: _____



4. Dimensions:

10

Height in feet above the ground

0.5

Internal Diameter in feet

50

50

Low end - feet per second (0.1 – 500)

High end - feet per second (0.1 – 500)

300

300

Low end - °Fahrenheit (50 – 1800)

High end - ° Fahrenheit (50 – 1800)

6. Exit temperature: metal brick refractory other:

Describe Other

8. Decommission date – if applicable:

(mm/dd/yyyy) Complete only if the stack was permanently removed

How to delete a stack?



B. Emission Units Associated with Stack – eDEP Only

Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). **Note:** this list does not reflect changes you have made on-line, but not yet submitted.

Important:
To assign an emission unit to this stack, enter the Stack Id No. on the form for the emission unit (i.e., AP1, AP2, or AP3).

EU#3-DIESEL FIRE PUMP

C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission.

2. Attachments:

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BWP AQ AP-STACK

Physical Vertical Stacks

2014

Year of record

1

DEP Stack #

1210261

Facility AQ identifier

Complete one AP-STACK form for EACH physical stack at the facility

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

**A. Stack Description**

How to report combined units/stacks: see 3b below

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

1210261

b. DEP Account number

c. AQ identifier – SSEIS ID number

2. Stack identifiers:

**DUAL FLUE STACK: 2 MUNICIPAL WASTE COMBUSTORS**

a. Facility's choice of stack name – edit as needed

1

1

b. Facility's stack number – edit as needed

c. DEP stack # – old SSEIS stack #

3. Type: a. vertical vertical with rain cap/sleeve b. Combined stacks – enter number of individual stacks: _____

4. Dimensions:

230

Height in feet above the ground

7

Internal Diameter in feet

5. Gas exit velocity:

75

Low end - feet per second (0.1 – 500)

90

High end - feet per second (0.1 – 500)

6. Exit temperature:

270

Low end - °Fahrenheit (50 – 1800)

340

High end - ° Fahrenheit (50 – 1800)

7. Stack liner material: metal brick refractory other:

Describe Other

8. Decommission date – if applicable:

(mm/dd/yyyy) Complete only if the stack was permanently removed



How to delete a stack ?

B. Emission Units Associated with Stack – eDEP Only

Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). **Note:** this list does not reflect changes you have made on-line, but not yet submitted.

Important:
To assign an emission unit to this stack, enter the Stack Id No. on the form for the emission unit (i.e., AP1, AP2, or AP3).

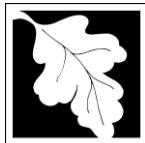
EU#1-MUNICIPAL WASTE COMBUSTOR/BOILER #1**EU#2-MUNICIPAL WASTE COMBUSTOR/BOILER #2**

C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission.

2. Attachments:

- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that **cannot** be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2014

Year of record

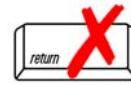
3

DEP EU# (old Point #)

1210261

Facility AQ identifier

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Equipment Description

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

1210261

b. DEP Account number

c. Facility AQ identifier – SSEIS ID number

2. Emission unit identifiers:

DIESEL FIRE PUMP

a. Facility's choice of emission unit name – edit as needed

3

3

b. Facility's emission unit number / code – edit as needed

c. DEP emissions unit # – old point #

d. ORIS ID # – for large electrical utilities only

e. Combined Units – enter number of individual units

3. DEP approvals – leave blank if not applicable:

a. Most recent approval number

b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? yes no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

EXEMPTIONS IN 310 CMR 7.02(2)(B) NOT IN PARAGRAPH 15 OR 7.26

Reason for exemption

How to
delete
a unit?
(click ?-icon)



6. Emission unit installation date and decommission date:

1/1/1985

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) – if applicable

Complete only if the unit was shutdown permanently or replaced since the last report.



7. Emission unit replacement:

a. Is this unit replacing another emission unit?

no yes – enter DEP's emission unit number and name for the unit being replaced below:

b. DEP's emission unit number and facility unit name

8. Additional state reporting requirements:

a. Are there other routine air quality reporting requirements for this emissions unit ?

yes - specify reporting frequency below no – skip to question 8c

b. Reporting frequency - check all that apply:

1. Monthly 2. Quarterly 3. Semi-annual 4. Annual 5. RES

(include Operating Permit and Plan Approval reports, but not exceedance reporting)

c. Is this unit subject to (check all that apply):

NESHAP NSPS MACT



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2014

Year of record

3

DEP EU# (old Point #)

1210261

Facility AQ identifier

A. Equipment Description (cont.)



How to report
on combined
units ?



9. Equipment: **RECIPROCATING IC ENGINE**

a. Type: boiler furnace engine other:

Describe "other" equipment type

? If engine, is this an emergency generator? yes no

CUMMINS

NT8-55-F3

b. Manufacturer

c. Model number

0.8660

d. Max input rating MMBtu/hr (must be greater than 0)

e. Number of burners (enter "0" if not applicable)

f. Type of burner – check one:

rotary

mech. atomizer

steam atomizer

air atomizer

traveling grate

hand fired

other:

NOT APPLICABLE - ENGINE

"other" burner type

g. Burner manufacturer

h. Burner model number

i. Burner installation date (mm/dd/yyyy)

10. Hours of operation for the emission unit: a. check if continuously operated – 24 x 7 x 52



1

1

26

b. Number of hours per day

c. Number of days per week

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter:

24.0
Q1

24.0
Q2

20.0
Q3

32.0
Q4

Sum of Q1+Q2+Q3+Q4 must = 100%,
or 0% if the unit was not operated for any quarter

11. Ozone season operation schedule – May 1 through September 30:

1

1

10

a. Ozone season hours per day

b. Ozone season days per week

c. Weeks operated in ozone season

12. Emission release point – select one: **?**

Engines click here for instructions: **?**

Non-Stack Release Points:

- fugitive horizontal vent
 engine exh. downward facing vent
 vertical stack/vent less than 10ft

Physical Stacks:

- vertical stack
 vertical with rain cap/sleeve

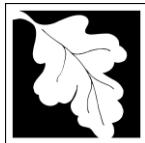
If Non-Stack release point, skip to question 14.

13. Link this unit to a physical stack (if applicable) – pick from the list below:

2 DIESEL FIRE PUMP STACK

Facility's stack identifier from STACK form – to change stack name use STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing to this form.



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2014

Year of record

3

DEP EU# (old Point #)

1210261

Facility AQ identifier

A. Equipment Description (cont.)



How to delete
a control?

14. Is there a pollution control device on this emissions unit?

yes – answer a through i no – skip to question 15

Check here if you need to report more than 3 air pollution control devices on this unit. eDEP will add another page of control devices after this form.

Do not leave blank –
if unknown write
'unknown' or
estimate

Leave f, g, h
blank if not
applicable.

Air pollution control device 1

- a. Type
- b. Manufacturer
- c. Model number
- d. Facility's ID for this device
- e. Installation date (mm/dd/yyyy)
- f. DEP approval # (most recent)
- g. DEP approval date (mm/dd/yyyy)
- h. Decommission date (mm/dd/yyyy)

Air pollution control device 2

- Type
- Manufacturer
- Model number
- Facility's ID for this device
- Installation date (mm/dd/yyyy)
- DEP approval # (most recent)
- DEP approval date (mm/dd/yyyy)
- Decommission date (mm/dd/yyyy)

Air pollution control device 3

- Type
- Manufacturer
- Model number
- Facility's ID for this device
- Installation date (mm/dd/yyyy)
- DEP approval # (most recent)
- DEP approval date (mm/dd/yyyy)
- Decommission date (mm/dd/yyyy)

i. Percent overall efficiency - enter for all pollutants that the device was designed to control:

PM 10

% Overall eff.

% Overall eff.

% Overall eff.

PM 2.5

% Overall eff.

% Overall eff.

% Overall eff.

SO2

% Overall eff.

% Overall eff.

% Overall eff.

CO

% Overall eff.

% Overall eff.

% Overall eff.

VOC

% Overall eff.

% Overall eff.

% Overall eff.

NO2

% Overall eff.

% Overall eff.

% Overall eff.

NH3

% Overall eff.

% Overall eff.

% Overall eff.

HOC

% Overall eff.

% Overall eff.

% Overall eff.

HYC

% Overall eff.

% Overall eff.

% Overall eff.

Hg

% Overall eff.

% Overall eff.

% Overall eff.

Pb

% Overall eff.

% Overall eff.

% Overall eff.

Other

% Overall eff.

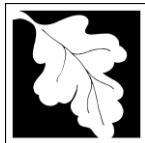
% Overall eff.

% Overall eff.

Specify "Other"

Specify "Other"

Specify "Other"



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2014

Year of record

3

DEP EU# (old Point #)

1210261

Facility AQ identifier

A. Equipment Description (cont.)



How to delete
a monitor?

15. Is there **monitoring equipment** on this unit or its related control devices?

yes – answer a through l no – skip to section B

Do not
leave blank –
if unknown
write
'unknown' or
estimate

Leave
f, g, h blank
if not
applicable.



a. Monitor type:

Monitor 1

check only one:

- CEM
 Opacity
 other - describe:

Describe "other"

Monitor 2

check only one:

- CEM
 Opacity
 other - describe:

Describe "other"

Monitor 3

check only one:

- CEM
 Opacity
 other - describe:

Describe "other"

b. Manufacturer:

c. Model number:

d. Monitor ID #:

Facility's Designation

Facility's Designation

Facility's Designation

e. Installation date:

(mm/dd/yyyy)

(mm/dd/yyyy)

(mm/dd/yyyy)

f. DEP approval #:

g. DEP approval date:

(mm/dd/yyyy)

(mm/dd/yyyy)

(mm/dd/yyyy)

h. Decommission date:

(mm/dd/yyyy)

(mm/dd/yyyy)

(mm/dd/yyyy)

i. Recorder ?

yes no

yes no

yes no

j. Audible alarm ?

yes no

yes no

yes no

k. Data system ?

yes no

yes no

yes no

l. Monitored pollutants
(check all that apply):

- PM 10
 PM 2.5
 SO2
 CO
 VOC
 NO2
 NH3
 Mercury
 Oxygen
 CO2
 H2S
 HCL
 Opacity
 other – describe:

- PM 10
 PM 2.5
 SO2
 CO
 VOC
 NO2
 NH3
 Mercury
 Oxygen
 CO2
 H2S
 HCL
 Opacity
 other – describe:

- PM 10
 PM 2.5
 SO2
 CO
 VOC
 NO2
 NH3
 Mercury
 Oxygen
 CO2
 H2S
 HCL
 Opacity
 other – describe:

Describe "other"

Describe "other"

Describe "other"



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

B. Fuels and Emissions

1. Fuel Name / Characteristics:

Number of fuels for this unit (previous records): 1



How does eDEP handle multiple fuels?

Add a NEW fuel: Check the box if you need to add a fuel that you did **not** report on previously (eDEP will add a blank Sect. B form to your package).



When to NOT check this box ?

a. Source Classification Code (SCC)

b. Type of fuel – check one:

Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".

c. Sulfur content for oils and coal (0 – 2.2):

d. Ash content for oils and coal (0 -10):

e. Maximum hourly fuel rate for all firing burners:

f. Do you have fuel or usage restrictions?

g. DEP approval number for restrictions:

h. Annual use restriction (amount or hours):

For this fuel

i. Short term use restriction (amount or hours):

For this fuel

2. Annual usage:

Enter "0" if not used in the year of record

DIESEL

Fuel name

1

DEP Fuel #

Delete this fuel: check box if you stopped using this fuel in this unit *permanently*. You must still report for this year of record even if amount is "0" – the fuel will be removed from the unit in the next report cycle.

20100102

SC Code (call DEP if SC code will not validate)

INTERNLCOMBUSTION-DIESEL

SCC Code Description – **filled by eDEP**

no.2 no.4 no.6

diesel coal natural gas

jet fuel other - describe:

Describe "other" fuel

.0015

Percent by weight

0

Percent by weight

0.0060

Amount

1000 GALLONS

Units per hour

Enter "0" if unit decommissioned prior to this Year of Record.

yes no - skip to question 2

Most recent for this fuel

Quantity

Units

Quantity

Units

Per: month week day hour

CAUTION: check your amount vs.units

0.1546

1000 GALLONS

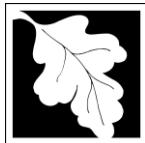
a. Amount – year of record

b. Units

.1484

1000 GALLONS

c. Total annual usage for prior year of record – **eDEP only**



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2014

Year of record

3

DEP EU# (old Point #)

1210261

Facility AQ identifier

Read First



Part 75 Requirements

For this fuel only

Pollutant:	<input type="checkbox"/> PM10	<input type="checkbox"/> PM2.5	<input type="checkbox"/> SO2	<input type="checkbox"/> NO2
Actual for previous year eDEP only:	0.0010	0.0010	0.0029	0.0448
Tons				
0.0011	0.0011	0.0031	0.0467	
Tons				
0.3679	0.3679	1.0433	15.8731	
Tons				
14	14	39.70	604	
Tons				
1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS	
in pounds per unit:				
Maximum allowed emissions – annual:	Tons	Tons	Tons	Tons
Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
Short term period (or MMBtu):				
Basis – DEP approval number or regulation:				

other:

For this fuel only

Pollutant:	<input type="checkbox"/> CO	<input type="checkbox"/> VOC	<input type="checkbox"/> NH3	specify
Actual for previous year eDEP only:	0.0096	0.0037	0.0002	
Tons				
0.01	0.0038	0.0002		
Tons				
3.4164	1.2956	0.0762		
Tons				
130	49.30	2.90		
Tons				
1000 GALLONS	1000 GALLONS	1000 GALLONS		
in pounds per unit:				
Maximum allowed emissions – annual:	Tons	Tons	Tons	Tons
Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
Short term period (or MMBtu):				
Basis – DEP approval number or regulation:				



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-1

Emission Unit – Fuel Utilization Equipment

2014

Year of record

3

DEP EU# (old Point #)

1210261

Facility AQ identifier

B. Fuels and Emissions (cont.)

4. Ozone season emissions – May 1 through September 30:



0

a. Typical day VOC emissions – pounds per day

check to enter your own values

0

b. Typical day NOx emissions –pounds per day

check to enter your own values

NOTE: The form will estimate the ozone season emissions for you. However, you may enter your own values by checking the boxes above.

C. Notes and Attachments

1. **Notes:** please include in the space below any additional information that will help DEP understand your submission.

2. **Attachments:**

- Check here to submit attachments to this form (e.g., calculations) – add a note in the field above indicating what is attached. For eDEP on-line filers, this will create a new step on your Current Submittal Page where you can attach electronic files to your submittal. Please list attachments that **cannot** be sent electronically in the notes field above and deliver them to DEP with a paper copy of this form.

BWP AQ AP-2

Emission Unit – Process Description

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Emission Unit – Process Description

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

b. DEP Account number

1210261

c. Facility AQ identifier – SSEIS ID number

2. Emission unit identifiers:



PEBBLE LIME STORAGE SILO WITH FABRIC FILTER VENT

a. Facility's choice of emission unit name – edit as needed

7

b. Facility's emission unit number / code – edit as needed

2

d. Combined Units – enter number of individual units

7

c. DEP emissions unit # (old SSEIS Point #)

3. DEP approvals – leave blank if not applicable:

MBR-98-ECP-005

a. Most recent approval number

6/9/1999

b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? yes no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

310 CMR 7.03 U PLAN APPROVAL EXEMPTION: CONSTRUCTION REQUIREMENTS

Reason for exemption

6. Equipment manufacturer and model number and type:

WAPC

a. Manufacturer

NA

b. Model number

DRY MATERIAL STORAGE SILO

c. Equipment Type

d. EPA Unit Type Code : **SILO**

How to report on combined units ?



How to delete a unit ? (click ?-icon)

7. Emission unit installation and decommission dates:

7/1/2000

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) – if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)



8. Emission unit replacement:

a. Is this unit replacing another emission unit?

no yes – enter DEP's emissions unit number for the unit being replaced below:

DEP's emission unit number and facility unit name

9. Additional state reporting requirements:

a. Are there other routine air quality reporting requirements for this emissions unit ?

yes – specify reporting frequency below no – skip to question 9c

b. Reporting frequency – check all that apply:

Monthly Quarterly Semi-annual Annual RES

(include Operating Permit and Plan Approval reports, but not exceedance reporting)

c. Is this unit subject to (check all that apply):

NESHAP NSPS MACT

10. Hours of operation for the emission unit: a. check if continuously operated – 24 x 7 x 52



1

b. Number of hours per day

4

c. Number of days per week

52

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter:

22.5
Q1

25.7
Q2

23.7
Q3

28.1
Q4

Sum of Q1+Q2+Q3+Q4 must = 100%
(or 0% if the unit was not operated for any quarter)

11. Ozone season schedule – May 1 through September 30:

1

a. Ozone season hours per day

4

b. Ozone season days per week

22

c. Weeks operated in ozone season

12. Emission release point – select one:

Non-Stack Release Points:

- fugitive horizontal vent
 gooseneck downward facing vent
 vertical stack/vent less than 10ft

Physical Stacks:

- vertical stack
 vertical with rain cap/sleeve

If Non-Stack release point, skip to question 14.

13. Link this unit to a physical stack (if applicable) – pick from the list below:

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing this form.

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)

14. Is there **monitoring equipment** on this emissions unit or its related control devices ?
 yes – answer a through l no – skip to Question 15



How to delete a monitor

Do not leave blank – if unknown write 'unknown' or estimate

Leave f, g, h blank if not applicable.

- a. Monitor type:
- b. Manufacturer:
- c. Model #:
- d. Monitor ID #:
- e. Installation date:
- f. DEP approval #:
- g. DEP approval date:
- h. Decommission date:
- i. Recorder ?
- j. Audible alarm ?
- k. Data system ?
- l. Monitored pollutants - check all that apply:

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"
b. Manufacturer:	_____	_____	_____
c. Model #:	_____	_____	_____
d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
f. DEP approval #:	_____	_____	_____
g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
i. Recorder ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
j. Audible alarm ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
k. Data system ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
l. Monitored pollutants - check all that apply:	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)

15. Are there air pollution control devices on this emissions unit?

yes – answer a through i no – skip to Section B

Check here if you need to report more than 3 air pollution control devices on this unit. eDEP will add another page of control devices after this form.

How to delete
a control

Do not
leave blank –
if unknown
write
'unknown' or
estimate

Leave f, g, h
blank if not
applicable.

PM 10

Air pollution control device 1

FABRIC FILTER

a. Type

WAPC

b. Manufacturer

NA

c. Model number

LIMESILOFF

d. Facility's ID for this device

7/1/2000

e. Installation date (mm/dd/yyyy)

MBR-98-ECP-005

f. DEP approval # (most recent)

6/9/1999

g. DEP approval date (mm/dd/yyyy)

h. Decommission date (mm/dd/yyyy)

Air pollution control device 2

Type

Manufacturer

Model number

Facility's ID for this device

Installation date (mm/dd/yyyy)

DEP approval # (most recent)

DEP approval date (mm/dd/yyyy)

Decommission date (mm/dd/yyyy)

Air pollution control device 3

Type

Manufacturer

Model number

Facility's ID for this device

Installation date (mm/dd/yyyy)

DEP approval # (most recent)

DEP approval date (mm/dd/yyyy)

Decommission date (mm/dd/yyyy)

i. Percent overall efficiency – enter for all pollutants that the device was designed to control:

PM 10

99.9

% Overall eff.

% Overall eff.

% Overall eff.

PM 2.5

% Overall eff.

% Overall eff.

% Overall eff.

SO2

% Overall eff.

% Overall eff.

% Overall eff.

CO

% Overall eff.

% Overall eff.

% Overall eff.

VOC

% Overall eff.

% Overall eff.

% Overall eff.

NO2

% Overall eff.

% Overall eff.

% Overall eff.

NH3

% Overall eff.

% Overall eff.

% Overall eff.

HOC

% Overall eff.

% Overall eff.

% Overall eff.

HYC

% Overall eff.

% Overall eff.

% Overall eff.

Hg

% Overall eff.

% Overall eff.

% Overall eff.

Pb

% Overall eff.

% Overall eff.

% Overall eff.

Other

99.9

% Overall eff.

% Overall eff.

% Overall eff.

TOTAL SUSPENDED PARTICULATES

Specify "Other"

Specify "Other"

Specify "Other"

BWP AQ AP-2

Emission Unit – Process Description

B. Emissions for Raw Materials/Finished Products

Add a NEW material / product: Check the box if you need to add a material or product that you did **not** report on previously (eDEP will add a blank Sect. B form to your package).

Delete this material/product: check the box if you stopped using this material or making this product in this unit **permanently**. You must still report data for this year of record even if amount is "0" – the material / product will be removed from the unit in the next report cycle.

1. Operation description:



How does eDEP handle multiple raw materials or finished products?

a. Raw material or finished product name:
Number of segments for this unit (previous records): **1**

b. Is material/product an input or output ?

c. Process description:

d. Source Classification Code (SCC):
(see instructions)

e. Maximum process rate for material/product:

f. If organic material, give weight % of:

g. Total actual raw material used or finished product produced for year of record:

Enter "0" if not used in the year of record

h. Do you have raw material or finished product restrictions?

i. DEP approval number for restrictions:

j. Short term raw material/finished product restriction – if none, leave blank:

k. Annual material/product restriction – if none, leave blank:

l. Indicate which air pollution control devices from Section A, Question 15 control this material/product by listing the facility-designated control device ID # for each unit that applies:

How to make a new air pollution control device appear in these drop menus?

09/19/05

PEBBLE LIME

input output **1**
DEP #

PEBBLE LIME STORED FOR USE IN SDA

30501613

SC Code (call DEP if SC Code will not validate)

MINERAL PRODUCTS LIME SILOS

SCC Description – filled by eDEP upon validation

20 TONS
Amount

VOC HOC

HYC
7190.2600 TONS
Amount

7092.18 Units
TONS

Prior year – eDEP only Units prior year

yes no – skip to question 1.l

Most recent approval number for this material or product

Quantity (amount or hours) Units

Per: month week day hour

Quantity (amount or hours) Units

LIMESILOFF

Device ID # Device ID #

Device ID # Device ID #

Device ID # Device ID #

check here if ALL air pollution control devices on the unit apply to this material/product

BWP AQ AP-2

Emission Unit – Process Description

B. Emissions for Raw Materials/Finished Products (cont.)

2. Total emissions for this material/product – tons per year:

Pollutant	PM10	PM2.5	SO2	NO2	CO
Actual for previous year eDEP only:	0.0342				
Tons	Tons	Tons	Tons	Tons	Tons
0.0347					
Actual for year of record:					
Tons	Tons	Tons	Tons	Tons	Tons
.845					
Potential emissions at maximum capacity uncontrolled:					
Tons	Tons	Tons	Tons	Tons	Tons
0.0097					
Emission factor:					
In pounds per unit:	TONS				

For this material or product only
(leave blank if none)

Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					
Basis: DEP approval number or regulation:					

Important:
Reporting now required for t-Butyl Acetate

Pollutant	VOC	HOC	*Reserved*	NH3	Other: _____
Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
Emission factor:					
In pounds per unit:					

For this material or product only
(leave blank if none)

Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					
Basis - DEP approval number or regulation:					

check to enter your own values

BWP AQ AP-2

Emission Unit – Process Description



3. Ozone season emissions – May 1 through September 30:

0

a. Typical ozone day VOC emissions – pounds per day

check to enter your own values

0

b. Typical ozone day NOx emissions – pounds per day

check to enter your own values

NOTE: The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above for VOC and NOx.

C. Notes and Attachments

1. **Notes:** please include in the space below any additional information that will help DEP understand your submission.

THERE ARE TWO IDENTICAL PEBBLE LIME STORAGE SILOS, EACH WITH A CAPACITY OF 75 TONS. ONE SILO SERVES SLAKER "A" WHILE THE SECOND SILO SERVES SLAKER "B". UNDER NORMAL OPERATING CONDITIONS ONLY ONE SYSTEM IS OPERATED AT A TIME.

2. **Attachments:**

- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

BWP AQ AP-2

Emission Unit – Process Description

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Emission Unit – Process Description

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

b. DEP Account number

1210261

c. Facility AQ identifier – SSEIS ID number

2. Emission unit identifiers:

WET SCRUBBER (ASH HOUSE)

a. Facility's choice of emission unit name – edit as needed

EU-3

b. Facility's emission unit number / code – edit as needed

14

c. DEP emissions unit # (old SSEIS Point #)

d. Combined Units – enter number of individual units



3. DEP approvals – leave blank if not applicable:

MBR-98-ECP-005

a. Most recent approval number

6/9/1999

b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? yes no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

Reason for exemption

6. Equipment manufacturer and model number and type:

NA

a. Manufacturer

ASH STORAGE AND TRANSFER ACTIVITIES

NA

b. Model number

c. Equipment Type

d. EPA Unit Type Code : **OTHER BULK MATERIAL EQUIPMENT**

7. Emission unit installation and decommission dates:

12/1/2000

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) – if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

How to report on combined units ?



How to delete a unit ? (click ?-icon)



BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)



8. Emission unit replacement:

a. Is this unit replacing another emission unit?

no yes – enter DEP's emissions unit number for the unit being replaced below:

DEP's emission unit number and facility unit name

9. Additional state reporting requirements:

a. Are there other routine air quality reporting requirements for this emissions unit ?

yes – specify reporting frequency below no – skip to question 9c

b. Reporting frequency – check all that apply:

Monthly Quarterly Semi-annual Annual RES

(include Operating Permit and Plan Approval reports, but not exceedance reporting)

c. Is this unit subject to (check all that apply):

NESHAP NSPS MACT

10. Hours of operation for the emission unit: a. check if continuously operated – 24 x 7 x 52



24

b. Number of hours per day

7

c. Number of days per week

52

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter:

23.6
Q1

24.4
Q2

25.7
Q3

26.3
Q4

Sum of Q1+Q2+Q3+Q4 must = 100%
(or 0% if the unit was not operated for any quarter)

11. Ozone season schedule – May 1 through September 30:

24

a. Ozone season hours per day

7

b. Ozone season days per week

22

c. Weeks operated in ozone season

12. Emission release point – select one:

Non-Stack Release Points:

- fugitive horizontal vent
 gooseneck downward facing vent
 vertical stack/vent less than 10ft

Physical Stacks:

- vertical stack
 vertical with rain cap/sleeve

If Non-Stack release point, skip to question 14.

13. Link this unit to a physical stack (if applicable) – pick from the list below:

3 WET SCRUBBER STACK (ASH HOUSE)

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing this form.

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)

14. Is there **monitoring equipment** on this emissions unit or its related control devices ?
 yes – answer a through l no – skip to Question 15



How to delete a monitor

Do not leave blank – if unknown write 'unknown' or estimate

Leave f, g, h blank if not applicable.

- a. Monitor type:
- b. Manufacturer:
- c. Model #:
- d. Monitor ID #:
- e. Installation date:
- f. DEP approval #:
- g. DEP approval date:
- h. Decommission date:
- i. Recorder ?
- j. Audible alarm ?
- k. Data system ?
- l. Monitored pollutants - check all that apply:

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"
b. Manufacturer:	_____	_____	_____
c. Model #:	_____	_____	_____
d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
f. DEP approval #:	_____	_____	_____
g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
i. Recorder ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
j. Audible alarm ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
k. Data system ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
l. Monitored pollutants - check all that apply:	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)

15. Are there air pollution control devices on this emissions unit?

yes – answer a through i no – skip to Section B

Check here if you need to report more than 3 air pollution control devices on this unit. eDEP will add another page of control devices after this form.

How to delete
a control

Do not
leave blank –
if unknown
write
'unknown' or
estimate

Leave f, g, h
blank if not
applicable.

PM 10

Air pollution control device 1

WET SCRUBBER

a. Type

TRI-MER

b. Manufacturer

WHIRL/WET 200-H

c. Model number

SCRUBBER1

d. Facility's ID for this device

12/1/2000

e. Installation date (mm/dd/yyyy)

MBR-98-ECP-005

f. DEP approval # (most recent)

6/9/1999

g. DEP approval date (mm/dd/yyyy)

h. Decommission date (mm/dd/yyyy)

Air pollution control device 2

Type

Manufacturer

Model number

Facility's ID for this device

Installation date (mm/dd/yyyy)

DEP approval # (most recent)

DEP approval date (mm/dd/yyyy)

Decommission date (mm/dd/yyyy)

Air pollution control device 3

Type

Manufacturer

Model number

Facility's ID for this device

Installation date (mm/dd/yyyy)

DEP approval # (most recent)

DEP approval date (mm/dd/yyyy)

Decommission date (mm/dd/yyyy)

i. Percent overall efficiency – enter for all pollutants that the device was designed to control:

PM 10

% Overall eff.

% Overall eff.

% Overall eff.

PM 2.5

% Overall eff.

% Overall eff.

% Overall eff.

SO2

% Overall eff.

% Overall eff.

% Overall eff.

CO

% Overall eff.

% Overall eff.

% Overall eff.

VOC

% Overall eff.

% Overall eff.

% Overall eff.

NO2

% Overall eff.

% Overall eff.

% Overall eff.

NH3

% Overall eff.

% Overall eff.

% Overall eff.

HOC

% Overall eff.

% Overall eff.

% Overall eff.

HYC

% Overall eff.

% Overall eff.

% Overall eff.

Hg

% Overall eff.

% Overall eff.

% Overall eff.

Pb

% Overall eff.

% Overall eff.

% Overall eff.

Other

99

% Overall eff.

% Overall eff.

% Overall eff.

TOTAL SUSPENDED PARTICULATES

Specify "Other"

Specify "Other"

Specify "Other"

BWP AQ AP-2

Emission Unit – Process Description

2014

Year of record

14

DEP EU# (old Point #)

1210261

Facility AQ identifier

B. Emissions for Raw Materials/Finished Products

Add a NEW material / product: Check the box if you need to add a material or product that you did **not** report on previously (eDEP will add a blank Sect. B form to your package).

Delete this material/product: check the box if you stopped using this material or making this product in this unit **permanently**. You must still report data for this year of record even if amount is "0" – the material / product will be removed from the unit in the next report cycle.

1. Operation description:



How does eDEP handle multiple raw materials or finished products?

a. Raw material or finished product name:
Number of segments for this unit (previous records): 1

b. Is material/product an input or output ?

c. Process description:

d. Source Classification Code (SCC):

(see instructions)

e. Maximum process rate for material/product:

f. If organic material, give weight % of:

g. Total actual raw material used or finished product produced for year of record:

Enter "0" if not used in the year of record

h. Do you have raw material or finished product restrictions?

i. DEP approval number for restrictions:

j. Short term raw material/finished product restriction – if none, leave blank:

k. Annual material/product restriction – if none, leave blank:

l. Indicate which air pollution control devices from Section A, Question 15 control this material/product by listing the facility-designated control device ID # for each unit that applies:

How to make a new air pollution control device appear in these drop menus?

COMBINED ASH

input output 1
DEP #

ASH STORAGE AND TRANSFER BUILDING

30510199

SC Code (call DEP if SC Code will not validate)

BULK MATERIALS-OTHER-COMMENTS

SCC Description – filled by eDEP upon validation

18 TONS
Amount Units per hour

VOC HOC

HYC
117494.0000 TONS
Amount Units
111523 TONS
Prior year – eDEP only Units prior year

yes no – skip to question 1.l

Most recent approval number for this material or product

Quantity (amount or hours) Units

Per: month week day hour

Quantity (amount or hours) Units

SCRUBBER1

Device ID # Device ID #

Device ID # Device ID #

Device ID # Device ID #

check here if ALL air pollution control devices on the unit apply to this material/product

BWP AQ AP-2

Emission Unit – Process Description

B. Emissions for Raw Materials/Finished Products (cont.)

2. Total emissions for this material/product – tons per year:

Pollutant	PM10	PM2.5	SO2	NO2	CO
Actual for previous year eDEP only:	0.1549				
Tons	Tons	Tons	Tons	Tons	Tons
0.1632					
Actual for year of record:					
Tons	Tons	Tons	Tons	Tons	Tons
21.9					
Potential emissions at maximum capacity uncontrolled:					
Tons	Tons	Tons	Tons	Tons	Tons
0.002780					
Emission factor:					
In pounds per unit:	TONS				

For this material or product only
(leave blank if none)

Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					
Basis: DEP approval number or regulation:	MBR-98-ECP				

Important:
Reporting now required for t-Butyl Acetate

Pollutant	VOC	HOC	*Reserved*	NH3	Other:
Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
Emission factor:					
In pounds per unit:					

For this material or product only
(leave blank if none)

Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					
Basis - DEP approval number or regulation:					

check to enter your own values

BWP AQ AP-2

Emission Unit – Process Description

2014

Year of record

14

DEP EU# (old Point #)

1210261

Facility AQ identifier



3. Ozone season emissions – May 1 through September 30:

0

a. Typical ozone day VOC emissions – pounds per day

check to enter your own values

0

b. Typical ozone day NOx emissions – pounds per day

check to enter your own values

NOTE: The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above for VOC and NOx.

C. Notes and Attachments

1. **Notes:** please include in the space below any additional information that will help DEP understand your submission.

2. **Attachments:**

- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

BWP AQ AP-2

Emission Unit – Process Description

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Emission Unit – Process Description

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

b. DEP Account number

1210261

c. Facility AQ identifier – SSEIS ID number

2. Emission unit identifiers:



COOLING TOWER

a. Facility's choice of emission unit name – edit as needed

CT-1

b. Facility's emission unit number / code – edit as needed



c. Combined Units – enter number of individual units



3. DEP approvals – leave blank if not applicable:

a. Most recent approval number

b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? yes no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

EXEMPTIONS IN 310 CMR 7.02(2)(B) NOT IN SUBPARAGRAPH 7, 15 OR 7.26

Reason for exemption



How to report on combined units ?

6. Equipment manufacturer and model number and type:

BAC-PRITCHARD

4488-6

a. Manufacturer

b. Model number

MECHANICAL DRAFT COOLING TOWER

c. Equipment Type

d. EPA Unit Type Code : **COOLING TOWER**



How to delete a unit ?
(click ?-icon)

7. Emission unit installation and decommission dates:

4/1/1985

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) – if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)



8. Emission unit replacement:

a. Is this unit replacing another emission unit?

no yes – enter DEP's emissions unit number for the unit being replaced below:

DEP's emission unit number and facility unit name

9. Additional state reporting requirements:

a. Are there other routine air quality reporting requirements for this emissions unit ?

yes – specify reporting frequency below no – skip to question 9c

b. Reporting frequency – check all that apply:

Monthly Quarterly Semi-annual Annual RES

(include Operating Permit and Plan Approval reports, but not exceedance reporting)

c. Is this unit subject to (check all that apply):

NESHAP NSPS MACT

10. Hours of operation for the emission unit: a. check if continuously operated – 24 x 7 x 52



24

b. Number of hours per day

7

c. Number of days per week

52

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter:

24.9
Q1

25.1
Q2

24.6
Q3

25.4
Q4

Sum of Q1+Q2+Q3+Q4 must = 100%
(or 0% if the unit was not operated for any quarter)

11. Ozone season schedule – May 1 through September 30:

24

a. Ozone season hours per day

7

b. Ozone season days per week

22

c. Weeks operated in ozone season

12. Emission release point – select one:

Non-Stack Release Points:

- fugitive horizontal vent
 gooseneck downward facing vent
 vertical stack/vent less than 10ft

Physical Stacks:

- vertical stack
 vertical with rain cap/sleeve

If Non-Stack release point, skip to question 14.

13. Link this unit to a physical stack (if applicable) – pick from the list below:

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing this form.

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)

14. Is there **monitoring equipment** on this emissions unit or its related control devices ?
 yes – answer a through l no – skip to Question 15



How to delete a monitor

Do not leave blank – if unknown write 'unknown' or estimate

Leave f, g, h blank if not applicable.

- a. Monitor type:
- b. Manufacturer:
- c. Model #:
- d. Monitor ID #:
- e. Installation date:
- f. DEP approval #:
- g. DEP approval date:
- h. Decommission date:
- i. Recorder ?
- j. Audible alarm ?
- k. Data system ?
- l. Monitored pollutants - check all that apply:

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"
b. Manufacturer:	_____	_____	_____
c. Model #:	_____	_____	_____
d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
f. DEP approval #:	_____	_____	_____
g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
i. Recorder ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
j. Audible alarm ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
k. Data system ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
l. Monitored pollutants - check all that apply:	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)

15. Are there air pollution control devices on this emissions unit?



How to delete
a control

Check here if you need to report more than 3 air pollution control devices on this unit. eDEP will add another page of control devices after this form.

yes – answer a through i no – skip to Section B

Do not leave blank –
if unknown write
'unknown' or
estimate

Leave f, g, h
blank if not
applicable.

Air pollution control device 1

- a. Type
- b. Manufacturer
- c. Model number
- d. Facility's ID for this device
- e. Installation date (mm/dd/yyyy)
- f. DEP approval # (most recent)
- g. DEP approval date (mm/dd/yyyy)
- h. Decommission date (mm/dd/yyyy)

Air pollution control device 2

- Type
- Manufacturer
- Model number
- Facility's ID for this device
- Installation date (mm/dd/yyyy)
- DEP approval # (most recent)
- DEP approval date (mm/dd/yyyy)
- Decommission date (mm/dd/yyyy)

Air pollution control device 3

- Type
- Manufacturer
- Model number
- Facility's ID for this device
- Installation date (mm/dd/yyyy)
- DEP approval # (most recent)
- DEP approval date (mm/dd/yyyy)
- Decommission date (mm/dd/yyyy)

i. Percent overall efficiency – enter for all pollutants that the device was designed to control:

PM 10

% Overall eff.

% Overall eff.

% Overall eff.

PM 2.5

% Overall eff.

% Overall eff.

% Overall eff.

SO2

% Overall eff.

% Overall eff.

% Overall eff.

CO

% Overall eff.

% Overall eff.

% Overall eff.

VOC

% Overall eff.

% Overall eff.

% Overall eff.

NO2

% Overall eff.

% Overall eff.

% Overall eff.

NH3

% Overall eff.

% Overall eff.

% Overall eff.

HOC

% Overall eff.

% Overall eff.

% Overall eff.

HYC

% Overall eff.

% Overall eff.

% Overall eff.

Hg

% Overall eff.

% Overall eff.

% Overall eff.

Pb

% Overall eff.

% Overall eff.

% Overall eff.

Other

% Overall eff.

% Overall eff.

% Overall eff.

Specify "Other"

Specify "Other"

Specify "Other"

BWP AQ AP-2

Emission Unit – Process Description

B. Emissions for Raw Materials/Finished Products (cont.)

2. Total emissions for this material/product – tons per year:

Pollutant	PM10	PM2.5	SO2	NO2	CO
Actual for previous year eDEP only:	3.4302				
Tons	Tons	Tons	Tons	Tons	Tons
3.4039					
Actual for year of record:					
Tons	Tons	Tons	Tons	Tons	Tons
3.4339					
Potential emissions at maximum capacity uncontrolled:					
Tons	Tons	Tons	Tons	Tons	Tons
0.7686					
Emission factor:					
In pounds per unit:	MILLION GALLO				

For this material or product only
(leave blank if none)

Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					
Basis: DEP approval number or regulation:					

Important:
Reporting now required for t-Butyl Acetate

Pollutant	VOC	HOC	*Reserved*	NH3	Other: _____
Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
Emission factor:					
In pounds per unit:					

For this material or product only
(leave blank if none)

Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					
Basis - DEP approval number or regulation:					

check to enter your own values

BWP AQ AP-2

Emission Unit – Process Description

2014

Year of record

13

DEP EU# (old Point #)

1210261

Facility AQ identifier



3. Ozone season emissions – May 1 through September 30:

0

a. Typical ozone day VOC emissions – pounds per day

check to enter your own values

0

b. Typical ozone day NOx emissions – pounds per day

check to enter your own values

NOTE: The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above for VOC and NOx.

C. Notes and Attachments

1. **Notes:** please include in the space below any additional information that will help DEP understand your submission.

2. **Attachments:**

- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

BWP AQ AP-2

Emission Unit – Process Description

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Emission Unit – Process Description

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

b. DEP Account number

1210261

c. Facility AQ identifier – SSEIS ID number

2. Emission unit identifiers:



HYDRATED LIME STORAGE SILO WITH FABRIC FILTER VENT

a. Facility's choice of emission unit name – edit as needed

6

b. Facility's emission unit number / code – edit as needed

11

c. DEP emissions unit # (old SSEIS Point #)

d. Combined Units – enter number of individual units



3. DEP approvals – leave blank if not applicable:

a. Most recent approval number

b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? yes no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

310 CMR 7.03 U PLAN APPROVAL EXEMPTION: CONSTRUCTION REQUIREMENTS

Reason for exemption



How to report on combined units ?

6. Equipment manufacturer and model number and type:

WAPC

a. Manufacturer

NA

b. Model number

DRY MATERIAL STORAGE SILO

c. Equipment Type

d. EPA Unit Type Code : **SILO**

7. Emission unit installation and decommission dates:

11/1/1992

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) – if applicable

Complete only if the unit was shut down permanently or replaced since the last report.



How to delete a unit ? (click ?-icon)



BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)



8. Emission unit replacement:

a. Is this unit replacing another emission unit?

no yes – enter DEP's emissions unit number for the unit being replaced below:

DEP's emission unit number and facility unit name

9. Additional state reporting requirements:

a. Are there other routine air quality reporting requirements for this emissions unit ?

yes – specify reporting frequency below no – skip to question 9c

b. Reporting frequency – check all that apply:

Monthly Quarterly Semi-annual Annual RES

(include Operating Permit and Plan Approval reports, but not exceedance reporting)

c. Is this unit subject to (check all that apply):

NESHAP NSPS MACT

10. Hours of operation for the emission unit: a. check if continuously operated – 24 x 7 x 52



1

b. Number of hours per day

1

c. Number of days per week

12

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter:

28.3
Q1

29.3
Q2

22.0
Q3

20.4
Q4

Sum of Q1+Q2+Q3+Q4 must = 100%
(or 0% if the unit was not operated for any quarter)

11. Ozone season schedule – May 1 through September 30:

1

a. Ozone season hours per day

1

b. Ozone season days per week

5

c. Weeks operated in ozone season

12. Emission release point – select one:



Non-Stack Release Points:

- fugitive horizontal vent
 gooseneck downward facing vent
 vertical stack/vent less than 10ft

Physical Stacks:

- vertical stack
 vertical with rain cap/sleeve

If Non-Stack release point, skip to question 14.

13. Link this unit to a physical stack (if applicable) – pick from the list below:

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing this form.

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)

14. Is there **monitoring equipment** on this emissions unit or its related control devices ?
 yes – answer a through l no – skip to Question 15



How to delete a monitor

Do not leave blank – if unknown write 'unknown' or estimate

Leave f, g, h blank if not applicable.

- a. Monitor type:
- b. Manufacturer:
- c. Model #:
- d. Monitor ID #:
- e. Installation date:
- f. DEP approval #:
- g. DEP approval date:
- h. Decommission date:
- i. Recorder ?
- j. Audible alarm ?
- k. Data system ?
- l. Monitored pollutants - check all that apply:

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"
b. Manufacturer:	_____	_____	_____
c. Model #:	_____	_____	_____
d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
f. DEP approval #:	_____	_____	_____
g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
i. Recorder ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
j. Audible alarm ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
k. Data system ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
l. Monitored pollutants - check all that apply:	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)

15. Are there air pollution control devices on this emissions unit?

yes – answer a through i no – skip to Section B

Check here if you need to report more than 3 air pollution control devices on this unit. eDEP will add another page of control devices after this form.

How to delete
a control

Do not
leave blank –
if unknown
write
'unknown' or
estimate

Leave f, g, h
blank if not
applicable.

PM 10

Air pollution control device 1

FABRIC FILTER

a. Type

WAPC

b. Manufacturer

NA

c. Model number

HYLISILOFF

d. Facility's ID for this device

11/1/1992

e. Installation date (mm/dd/yyyy)

MBR-96-IND-027

f. DEP approval # (most recent)

11/29/1996

g. DEP approval date (mm/dd/yyyy)

h. Decommission date (mm/dd/yyyy)

Air pollution control device 2

Type

Manufacturer

Model number

Facility's ID for this device

Installation date (mm/dd/yyyy)

DEP approval # (most recent)

DEP approval date (mm/dd/yyyy)

Decommission date (mm/dd/yyyy)

Air pollution control device 3

Type

Manufacturer

Model number

Facility's ID for this device

Installation date (mm/dd/yyyy)

DEP approval # (most recent)

DEP approval date (mm/dd/yyyy)

Decommission date (mm/dd/yyyy)



i. Percent overall efficiency – enter for all pollutants that the device was designed to control:

PM 10

99.9

% Overall eff.

% Overall eff.

% Overall eff.

PM 2.5

% Overall eff.

% Overall eff.

% Overall eff.

SO2

% Overall eff.

% Overall eff.

% Overall eff.

CO

% Overall eff.

% Overall eff.

% Overall eff.

VOC

% Overall eff.

% Overall eff.

% Overall eff.

NO2

% Overall eff.

% Overall eff.

% Overall eff.

NH3

% Overall eff.

% Overall eff.

% Overall eff.

HOC

% Overall eff.

% Overall eff.

% Overall eff.

HYC

% Overall eff.

% Overall eff.

% Overall eff.

Hg

% Overall eff.

% Overall eff.

% Overall eff.

Pb

% Overall eff.

% Overall eff.

% Overall eff.

Other

99.9

% Overall eff.

% Overall eff.

% Overall eff.

TOTAL SUSPENDED PARTICULATES

Specify "Other"

Specify "Other"

Specify "Other"

BWP AQ AP-2

Emission Unit – Process Description

2014

Year of record

11

DEP EU# (old Point #)

1210261

Facility AQ identifier

B. Emissions for Raw Materials/Finished Products

Add a NEW material / product: Check the box if you need to add a material or product that you did **not** report on previously (eDEP will add a blank Sect. B form to your package).

Delete this material/product: check the box if you stopped using this material or making this product in this unit **permanently**. You must still report data for this year of record even if amount is "0" – the material / product will be removed from the unit in the next report cycle.

1. Operation description:



How does eDEP handle multiple raw materials or finished products ?

a. Raw material or finished product name:
Number of segments for this unit (previous records): 1

b. Is material/product an input or output ?

c. Process description:

d. Source Classification Code (SCC):
(see instructions)

e. Maximum process rate for material/product:

f. If organic material, give weight % of:

g. Total actual raw material used or finished product produced for year of record:

Enter "0" if not used in the year of record

h. Do you have raw material or finished product restrictions?

i. DEP approval number for restrictions:

j. Short term raw material/finished product restriction – if none, leave blank:

k. Annual material/product restriction – if none, leave blank:

l. Indicate which air pollution control devices from Section A, Question 15 control this material/product by listing the facility-designated control device ID # for each unit that applies:

How to make a new air pollution control device appear in these drop menus?

HYDRATED LIME

input output 1
DEP #

LIME STORED FOR USE IN ASH CONDITIONING SYSTEM

30501613

SC Code (call DEP if SC Code will not validate)

MINERAL PRODUCTS LIME SILOS

SCC Description – filled by eDEP upon validation

20	TONS
Amount	Units per hour

VOC	HOC
-----	-----

HYC	TONS
-----	------

1085.9300	TONS
Amount	Units

885.67	TONS
Prior year – eDEP only	Units prior year

yes no – skip to question 1.l

Most recent approval number for this material or product

Quantity (amount or hours) Units

Per: month week day hour

Quantity (amount or hours) Units

HYLISILOFF

Device ID #	Device ID #
-------------	-------------

Device ID #	Device ID #
-------------	-------------

Device ID #	Device ID #
-------------	-------------

check here if ALL air pollution control devices on the unit apply to this material/product

BWP AQ AP-2

Emission Unit – Process Description

B. Emissions for Raw Materials/Finished Products (cont.)

2. Total emissions for this material/product – tons per year:

Pollutant	PM10	PM2.5	SO2	NO2	CO
Actual for previous year eDEP only:	0.0043				
Tons	Tons	Tons	Tons	Tons	Tons
0.0052					
Actual for year of record:					
Tons	Tons	Tons	Tons	Tons	Tons
.845					
Potential emissions at maximum capacity uncontrolled:					
Tons	Tons	Tons	Tons	Tons	Tons
0.0097					
Emission factor:					
In pounds per unit:	TONS				

For this material or product only
(leave blank if none)

Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					
Basis: DEP approval number or regulation:					

Important:
Reporting now required for t-Butyl Acetate

Pollutant	VOC	HOC	*Reserved*	NH3	Other: _____
Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
Emission factor:					
In pounds per unit:					
Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					
Basis - DEP approval number or regulation:					

For this material or product only
(leave blank if none)

check to enter your own values

BWP AQ AP-2

Emission Unit – Process Description

2014

Year of record

11

DEP EU# (old Point #)

1210261

Facility AQ identifier



3. Ozone season emissions – May 1 through September 30:

0

a. Typical ozone day VOC emissions – pounds per day

 check to enter your own values**0**

b. Typical ozone day NOx emissions – pounds per day

 check to enter your own values

NOTE: The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above for VOC and NOx.

C. Notes and Attachments

1. **Notes:** please include in the space below any additional information that will help DEP understand your submission.

ONE LIME SILO WITH 40 TON CAPACITY. NOTE THAT THIS LIME SILO WAS ORIGINALLY INSTALLED AS PART OF A DRY SORBENT INJECTION SYSTEM. THE DRY SORBENT INJECTION SYSTEM WAS DECOMMISSIONED AND THE SILO IDLE UNTIL INCORPORATED INTO THE ASH CONDITIONING SYSTEM.

2. Attachments:

- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

BWP AQ AP-2

Emission Unit – Process Description

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Emission Unit – Process Description

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

b. DEP Account number

1210261

c. Facility AQ identifier – SSEIS ID number

2. Emission unit identifiers:



CARBON STORAGE SILO WITH FABRIC FILTER VENT

a. Facility's choice of emission unit name – edit as needed

4

b. Facility's emission unit number / code – edit as needed



d. Combined Units – enter number of individual units



3. DEP approvals – leave blank if not applicable:

MBR-98-ECP-005

a. Most recent approval number

10

c. DEP emissions unit # (old SSEIS Point #)

6/9/1999

b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals ? yes no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

310 CMR 7.03 U PLAN APPROVAL EXEMPTION: CONSTRUCTION REQUIREMENTS

Reason for exemption



How to report on combined units ?

6. Equipment manufacturer and model number and type:

WAPC

a. Manufacturer

NA

b. Model number

DRY MATERIAL STORAGE SILO

c. Equipment Type

d. EPA Unit Type Code : **SILO**

7. Emission unit installation and decommission dates:

7/1/2000

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) – if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)



8. Emission unit replacement:

a. Is this unit replacing another emission unit?

no yes – enter DEP's emissions unit number for the unit being replaced below:

DEP's emission unit number and facility unit name

9. Additional state reporting requirements:

a. Are there other routine air quality reporting requirements for this emissions unit ?

yes – specify reporting frequency below no – skip to question 9c

b. Reporting frequency – check all that apply:

Monthly Quarterly Semi-annual Annual RES

(include Operating Permit and Plan Approval reports, but not exceedance reporting)

c. Is this unit subject to (check all that apply):

NESHAP NSPS MACT

10. Hours of operation for the emission unit: a. check if continuously operated – 24 x 7 x 52



2

b. Number of hours per day

1

c. Number of days per week

6

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter:

34.5
Q1

18.1
Q2

13.5
Q3

33.9
Q4

Sum of Q1+Q2+Q3+Q4 must = 100%
(or 0% if the unit was not operated for any quarter)

11. Ozone season schedule – May 1 through September 30:

2

a. Ozone season hours per day

1

b. Ozone season days per week

2

c. Weeks operated in ozone season

12. Emission release point – select one:

Non-Stack Release Points:

- fugitive horizontal vent
 gooseneck downward facing vent
 vertical stack/vent less than 10ft

Physical Stacks:

- vertical stack
 vertical with rain cap/sleeve

If Non-Stack release point, skip to question 14.

13. Link this unit to a physical stack (if applicable) – pick from the list below:

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing this form.

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)

14. Is there **monitoring equipment** on this emissions unit or its related control devices ?
 yes – answer a through l no – skip to Question 15



How to delete a monitor

Do not leave blank – if unknown write 'unknown' or estimate

Leave f, g, h blank if not applicable.

- a. Monitor type:
- b. Manufacturer:
- c. Model #:
- d. Monitor ID #:
- e. Installation date:
- f. DEP approval #:
- g. DEP approval date:
- h. Decommission date:
- i. Recorder ?
- j. Audible alarm ?
- k. Data system ?

l. Monitored pollutants - check all that apply:

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"
b. Manufacturer:	_____	_____	_____
c. Model #:	_____	_____	_____
d. Monitor ID #:	Facility's Designation	Facility's Designation	Facility's Designation
e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
f. DEP approval #:	_____	_____	_____
g. DEP approval date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
i. Recorder ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
j. Audible alarm ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
k. Data system ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
l. Monitored pollutants - check all that apply:	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	<input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"

BWP AQ AP-2

Emission Unit – Process Description

A. Emission Unit – Process Description (cont.)

15. Are there air pollution control devices on this emissions unit?



How to delete
a control

Check here if you need to report more than 3 air pollution control devices on this unit. eDEP will add another page of control devices after this form.

yes – answer a through i no – skip to Section B

Do not leave blank –
if unknown write
'unknown' or
estimate

Leave f, g, h
blank if not
applicable.

Air pollution control device 1			Air pollution control device 2			Air pollution control device 3		
FABRIC FILTER a. Type WAPC b. Manufacturer NA c. Model number CARBSILOFF d. Facility's ID for this device 7/1/2000 e. Installation date (mm/dd/yyyy) MBR-98-ECP-005 f. DEP approval # (most recent) 6/9/1999 g. DEP approval date (mm/dd/yyyy) h. Decommission date (mm/dd/yyyy)			Type Manufacturer Model number Facility's ID for this device Installation date (mm/dd/yyyy) DEP approval # (most recent) DEP approval date (mm/dd/yyyy) Decommission date (mm/dd/yyyy)			Type Manufacturer Model number Facility's ID for this device Installation date (mm/dd/yyyy) DEP approval # (most recent) DEP approval date (mm/dd/yyyy) Decommission date (mm/dd/yyyy)		
i. Percent overall efficiency – enter for all pollutants that the device was designed to control: PM 10 99.9 % Overall eff.			% Overall eff.			% Overall eff.		
PM 2.5 % Overall eff.			% Overall eff.			% Overall eff.		
SO2 % Overall eff.			% Overall eff.			% Overall eff.		
CO % Overall eff.			% Overall eff.			% Overall eff.		
VOC % Overall eff.			% Overall eff.			% Overall eff.		
NO2 % Overall eff.			% Overall eff.			% Overall eff.		
NH3 % Overall eff.			% Overall eff.			% Overall eff.		
HOC % Overall eff.			% Overall eff.			% Overall eff.		
HYC % Overall eff.			% Overall eff.			% Overall eff.		
Hg % Overall eff.			% Overall eff.			% Overall eff.		
Pb % Overall eff.			% Overall eff.			% Overall eff.		
Other 99.9 % Overall eff. TOTAL SUSPENDED PARTICULATES Specify "Other"			% Overall eff.			% Overall eff.		
			Specify "Other"			Specify "Other"		

BWP AQ AP-2

Emission Unit – Process Description

B. Emissions for Raw Materials/Finished Products

Add a NEW material / product: Check the box if you need to add a material or product that you did **not** report on previously (eDEP will add a blank Sect. B form to your package).

Delete this material/product: check the box if you stopped using this material or making this product in this unit **permanently**. You must still report data for this year of record even if amount is "0" – the material / product will be removed from the unit in the next report cycle.

1. Operation description:



How does eDEP handle multiple raw materials or finished products ?

a. Raw material or finished product name:
Number of segments for this unit (previous records): **1**

b. Is material/product an input or output ?

c. Process description:

d. Source Classification Code (SCC):
(see instructions)

e. Maximum process rate for material/product:

f. If organic material, give weight % of:

g. Total actual raw material used or finished product produced for year of record:

Enter "0" if not used in the year of record

h. Do you have raw material or finished product restrictions?

i. DEP approval number for restrictions:

j. Short term raw material/finished product restriction – if none, leave blank:

k. Annual material/product restriction – if none, leave blank:

l. Indicate which air pollution control devices from Section A, Question 15 control this material/product by listing the facility-designated control device ID # for each unit that applies:

How to make a new air pollution control device appear in these drop menus?

09/19/05

POWDERED ACTIVATED CARBON

input output **1**
DEP #

CARBON STORED FOR USE IN PACIS

30510199

SC Code (call DEP if SC Code will not validate)

BULK MATERIALS-OTHER-COMMENTS

SCC Description – filled by eDEP upon validation

10 TONS
Amount

VOC HOC

HYC
119.1000 TONS
Amount
101.47 Units
Prior year – eDEP only TONS
Units prior year

yes no – skip to question 1.l

Most recent approval number for this material or product

Quantity (amount or hours) Units

Per: month week day hour

Quantity (amount or hours) Units

CARBSILOFF

Device ID # Device ID #

Device ID # Device ID #

Device ID # Device ID #

check here if ALL air pollution control devices on the unit apply to this material/product

BWP AQ AP-2

Emission Unit – Process Description

B. Emissions for Raw Materials/Finished Products (cont.)

2. Total emissions for this material/product – tons per year:

Pollutant	PM10	PM2.5	SO2	NO2	CO
Actual for previous year eDEP only:	0.0010 Tons	Tons	Tons	Tons	Tons
Actual for year of record:	0.0011 Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	.845 Tons	Tons	Tons	Tons	Tons
Emission factor:	0.0097				
In pounds per unit:	TONS				
Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					
Basis: DEP approval number or regulation:					

For this material or product only
(leave blank if none)

Pollutant	VOC	HOC	*Reserved*	NH3	Other: _____
Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
Emission factor:					
In pounds per unit:					
Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					
Basis - DEP approval number or regulation:					

For this material or product only
(leave blank if none)

check to enter your own values

BWP AQ AP-2

Emission Unit – Process Description

2014

Year of record

10

DEP EU# (old Point #)

1210261

Facility AQ identifier



3. Ozone season emissions – May 1 through September 30:

0

a. Typical ozone day VOC emissions – pounds per day

 check to enter your own values**0**

b. Typical ozone day NOx emissions – pounds per day

 check to enter your own values

NOTE: The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above for VOC and NOx.

C. Notes and Attachments

1. **Notes:** please include in the space below any additional information that will help DEP understand your submission.

THIS AP-2 FORM REPLACES THE AP-4 FORM FOR THE CARBON SILO (NOTED FOR THE 2005 REPORTING YEAR).

2. Attachments:

- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor – do not
use the return
key.



A. Emission Unit – Incinerator Information

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

- a. Facility name
132771
b. DEP Account number

1210261

c. Facility AQ identifier – SSEIS ID number

2. Emission unit identifiers:

MUNICIPAL WASTE COMBUSTOR/BOILER #2

- a. Facility's choice of emission unit name – edit as needed
2
b. Facility's emission unit number / code – edit as needed

2

c. DEP emissions unit # – SSEIS point #

3. DEP approvals – leave blank if not applicable:

MBR-98-ECP-005

- a. Most recent approval number

6/9/1999

b. DEP approval date (mm/dd/yyyy)



4. Emission unit installation and decommission dates:

4/1/1985

- a. Installation date – estimate if unknown (mm/dd/yyyy)

- b. Decommission date (mm/dd/yyyy) – if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

5. Emission unit replacement?

- a. Is this unit, replacing another emission unit?

no yes – enter DEP's emissions unit number for the unit being replaced below:

- b. DEP's Emission Unit Number and facility's unit name

6. Are there routine air quality reporting requirements for this emissions unit (other than Source Registration)?

- a. Are there other routine air quality reporting requirements for this emissions unit ?

yes – specify reporting frequency below no – skip to question 6c

- b. Reporting frequency – check all that apply:

Monthly Quarterly Semi-annual Annual RES

(include Operating Permit and Plan Approval reports, but not exceedance reporting)

- c. Is this unit subject to (check all that apply):

NESHAP NSPS MACT

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

2014
Year of record

2
DEP EU# (old Point#)
1210261
Facility AQ identifier

A. Emission Unit – Incinerator Information (cont.)

Note: This section is not for afterburners or other pollution control equipment.

7. Incinerator description:

- a. Type: commercial industrial medical
 municipal sludge other:

RILEY STOKER

b. Manufacturer:

d. Maximum operating capacity: 

173000

e. Pounds of steam per hour

8. Waste type – select one:

- Type 0 Waste – dry rubbish, trash
 Type 1 Waste – rubbish
 Type 2 Waste – mix of rubbish & garbage
 Type 3 Waste – garbage
 Type 4 Waste – infectious/medical waste
 Type 5 Waste – industrial (liquid)
 Type 6 Waste – industrial (solid)
 other:

MUNICIPAL SOLID WASTE

Specify Other Waste Type

9. Source Classification Code (SCC)
(see instructions): 

50100102

SC Code (call DEP if SC code will not validate)

MUNICIPAL INCIN-SINGLE CHAMBER

SC Code Description – **filled by eDEP upon validation**

232165.0000

Tons

226709

Tons in previous year – **eDEP only**

10. Amount of material incinerated in year of record:

11. Charging rate restriction (for batch units only):

- a. Amount
b. pounds of waste per hour OR
 tons of waste per hour

yes no

1

12. Heat recovery?

13. Number of hearths:

14. Total hearth area (total square footage):

15. Automatic feeder?

813

Square Feet

yes no

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)

16. Hours of operation for the emission unit: a. check if continuously operated – 24 x 7 x 52



24

7

49

b. Number of hours per day

c. Number of days per week

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter:

23.2

26.4

24.1

26.3

Sum of Q1+Q2+Q3+Q4 must = 100%

or 0 if the unit was not operated for any quarter

Q1

Q2

Q3

Q4

17. Ozone season schedule – May 1 through September 30:

24

7

21

a. Ozone season hours per day

b. Ozone season days per week

c. Weeks operated in ozone season

18. Emission release point – select one:

Non-Stack Release Points:

- fugitive horizontal vent
 gooseneck downward facing vent
 vertical stack/vent less than 10ft

Physical Stacks:

- vertical stack
 vertical with rain cap/sleeve

If Non-Stack release point, skip to question 20.

19. Link this unit to a physical stack (if applicable) – pick from the list below:

1 DUAL FLUE STACK: 2 MUNICIPAL WASTE COMBUSTORS

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form **before** returning to this form.

20. Temperature – degrees in Fahrenheit

Primary Chamber

Secondary Chamber

1800

2400

Lower

Upper

9999

9999

Lower

Upper

a. Operating range:

b. Permitted range:

21. Retention time in seconds

a. Operating retention time:

Lower

Upper

b. Permitted retention time:

Lower

Upper

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)

22. Primary chamber auxiliary burners:

a. Type of burner – check one:

- rotary mech. atomizer steam atomizer
 air atomizer traveling grate hand fired
 other:

Specify "other" burner type

FORNEY

b. Burner manufacturer

NOX MISER WT-20

c. Burner model number

40

d. Maximum rating MMBtu / hr

e. Source Classification C code (SCC):

(see instructions)



50190006

SC Code (call DEP if SC code will not validate)

AUX.FUEL/NO EMSNS-NATURAL GAS

SC Code Description – **filled by eDEP upon validation**

f. Type of fuel – check one:



no.2 no.4 no.6

diesel natural gas other – describe:

Describe "other" fuel

g. Sulfur content for oils (0-2.2):

h. Maximum hourly fuel rate for all firing burners:

Percent by weight

0.0762

Amount

MILLION CUBIC FEET

Units per hour



i. Total actual fuel used for year of record:

(Enter "0" if not used in the year of record)

4.0240

Amount – year of record

2.4788

Prior year – **eDEP only**

MILLION CUBIC FEET

Units

MILLION CUBIC FEET

Units

j. Do you have fuel or usage restrictions?



yes no – skip to question 23

k. DEP approval number for fuel restrictions:



Most recent for this fuel

l. Annual usage restriction (for this fuel):

Quantity

Units

m. Short term use restriction (for this fuel):

Quantity

Units

Per: month week day hour

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)

23. Secondary chamber auxiliary burners:

Is there a secondary chamber? Yes No – if no skip to Question 24

a. Type of burner – check one:

rotary mech. atomizer steam atomizer
 air atomizer traveling grate hand fired
 other:

Specify "other" burner type

b. Burner manufacturer

c. Burner model number

d. Maximum rating MMBtu/hr

e. Source Classification C code (SCC):
(see instructions)

SC Code (call DEP if SC code will not validate)

f. Type of fuel – check one:

SC Code Description – **filled by eDEP upon validation**

no.2 no.4 no.6
 diesel natural gas other – describe:

Describe "other" fuel

g. Sulfur content for oils (0-2.2):

Percent by weight

h. Maximum hourly fuel rate for all firing burners:

Amount Units per hour

i. Total actual fuel used for year of record:
(Enter "0" if not used in the year of record)

Amount – year of record Units

Prior year – **eDEP only** Units

j. Do you have fuel usage restrictions?

yes no – skip to question 24

k. DEP approval number for fuel restrictions:

Most recent for this fuel

l. Annual usage restriction (for this fuel):

Quantity Units

m. Short term fuel use restriction (for this fuel):

Quantity Units

Per: month week day hour

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)

24. Is there an air pollution control device/s on this emissions unit?



How to delete
a control?

Check here if you need to report more than 3 air pollution control devices on this unit. eDEP will add another page of control devices after this form.

yes – answer a through i no – skip to question 25

Do not leave blank –
if unknown write
'unknown' or
estimate

Leave f, g, h
blank if not
applicable.

Air pollution control device	Air pollution control device	Air pollution control device
ACTIVATED CARBON INJECTION (ACI)	SPRAY DRYER	FABRIC FILTER
a. Type WAPC	Type WAPC	Type WAPC
b. Manufacturer NA	Manufacturer NA	Manufacturer NA
c. Model number PACIS2A	Model number SDA2	Model number FF2
d. Facility's ID for this device 7/1/2000	Facility's ID for this device 7/1/2000	Facility's ID for this device 7/1/2000
e. Installation date (mm/dd/yyyy) MBR-98-ECP-005	Installation date (mm/dd/yyyy) MBR-98-ECP-005	Installation date (mm/dd/yyyy) MBR-98-ECP-005
f. DEP approval # (most recent) 6/9/1999	DEP approval # (most recent) 6/9/1999	DEP approval # (most recent) 6/9/1999
g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)

?

i. Percent overall efficiency – enter for all pollutants that the device was designed to control:

PM 10	% Overall eff.	99.7
PM 2.5	% Overall eff.	99
SO2	% Overall eff.	75
CO	% Overall eff.	
VOC	% Overall eff.	
NO2	% Overall eff.	
NH3	% Overall eff.	
HOC	% Overall eff.	
HYC	% Overall eff.	
Hg	85	% Overall eff.
Pb	% Overall eff.	99.7
Other	% Overall eff.	TOTAL SUSPENDED PARTICULATES
	Specify "Other"	Specify "Other"

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)



How to delete
a monitor?

Do not
leave blank –
if unknown
write
'unknown' or
estimate

Leave f, g, h
blank if not
applicable.

25. Is there **monitoring equipment** on this emissions unit:

yes – answer a through l no – skip to section B

	Monitor 1	Monitor 2	Monitor 3
a. Monitor type:	check only one: <input type="checkbox"/> CEMs <input checked="" type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other" LAND	check only one: <input checked="" type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other" KVB	check only one: <input type="checkbox"/> CEMs <input type="checkbox"/> opacity <input type="checkbox"/> fuel flow meter <input type="checkbox"/> time recorder <input type="checkbox"/> temperature recorder <input type="checkbox"/> pressure <input type="checkbox"/> other – describe: Describe "other"
b. Manufacturer:	4500MKII+	NA	
c. Model number:	COMS	CEMS	Facility's Designation
d. Monitor ID #:	Facility's Designation 2/9/2005	4/1/1985	4/1/1985
e. Installation date:	(mm/dd/yyyy) MBR-98-ECP-005	(mm/dd/yyyy) MBR-98-ECP-005	(mm/dd/yyyy)
f. DEP approval #:	6/9/1999	6/9/1999	
g. DEP approval date:	(mm/dd/yyyy) 6/9/1999	(mm/dd/yyyy) 6/9/1999	(mm/dd/yyyy)
h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
i. Recorder?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
j. Audible alarm?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
k. Data system?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
l. Monitored pollutants – check all that apply:	 <input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input checked="" type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	 <input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input checked="" type="checkbox"/> SO2 <input checked="" type="checkbox"/> CO <input type="checkbox"/> VOC <input checked="" type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input checked="" type="checkbox"/> Oxygen <input checked="" type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"	 <input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> SO2 <input type="checkbox"/> CO <input type="checkbox"/> VOC <input type="checkbox"/> NO2 <input type="checkbox"/> NH3 <input type="checkbox"/> Mercury <input type="checkbox"/> Oxygen <input type="checkbox"/> CO2 <input type="checkbox"/> H2S <input type="checkbox"/> HCL <input type="checkbox"/> Opacity <input type="checkbox"/> other – describe: Describe "other"

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality

2014

Year of record

2

DEP EU# (old Point#)

1210261

Facility AQ identifier

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

B. Emissions

1. Total emissions for this emissions unit – tons per year:

Important:
Leaving blanks for
Actual and Potential
emissions means that
you are certifying that
there were less than
0.0001 (or zero) tons
of emissions for each
blank.

For the entire unit
only
(leave blank if none)

Pollutant	PM10	PM2.5	SO2	NO2	CO
Actual for previous year eDEP only:	1.1376	1.1361	21.3847	436.0782	11.8796
Tons	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	0.9675	0.9675	20.9228	423.8795	11.0197
Tons	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	1916	301	474	487	63.4
Tons	Tons	Tons	Tons	Tons	Tons
Emission factor:	0.008300	0.008300	0.180200	3.651500	0.094900
TONS	TONS	TONS	TONS	TONS	TONS
Maximum allowed emissions – annual:			87.7	445.2	91.2
Tons	Tons	Tons	Tons	Tons	Tons
Maximum allowed emissions – short term:			Pounds	Pounds	Pounds
Pounds	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period (or MMBtu):					
Basis: DEP approval number or regulation:			MBR-98-ECP-005	MBR-98-ECP-005	MBR-98-ECP-005

Other:

For the entire unit
only
(leave blank if none)

Pollutant	VOC	HOC	*Reserved*	NH3	Specify
Actual for previous year eDEP only:	2.2678			1.1604	
Tons	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	2.3244			0.5976	
Tons	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	205			9.2	
Tons	Tons	Tons	Tons	Tons	Tons
Emission factor:	0.02			0.005100	
TONS				TONS	
Maximum allowed emissions – annual:				8	
Tons	Tons	Tons	Tons	Tons	Tons
Maximum allowed emissions – short term:				Pounds	Pounds
Pounds	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period (or MMBtu):					
Basis – DEP approval number or regulation:				MBR-98-ECP-005	

2. Ozone season emissions – May 1 through September 30:



NOTE for
Ozone Season
Emissions

13.1318

a. Typical day VOC emissions – pounds per day

check to enter your own values

2394.7173

b. Typical day NOx emissions – pounds per day

check to enter your own values

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission.

THERE ARE TWO DENTICAL FORNEY MODEL NOX MISER WT-20 NATURAL GAS FIRED BURNERS LOCATED IN THE PRIMARY CHAMBER. EACH BURNER IS RATED AT 40 MMBTU/HR. REPORTED SO₂, NOX AND CO EMISSIONS ARE BASED ON CEMS DATA. REPORTED PM10, PM2.5, NH₃ AND HCL EMISSIONS ARE BASED ON STACK TEST DATA. VOC EMISSIONS ARE ESTIMATED USING AN EMISSION FACTOR. ALSO INCLUDED ARE EMISSION FACTOR BASED ESTIMATES OF EMISSION RESULTING FROM NATURAL GAS COMBUSTION IN THE AUXILLIARY BURNERS DURING STARTUP AND SHUTDOWN. ORIGINAL CEMS MANUFACTURER WAS KVB. CEMS EQUIPMENT HAS BEEN MODIFIED ON SEVERAL OCCASIONS OVER THE LIFE OF THE FACILITY. MOST RECENTLY FF OUTLET ANALYZERS WERE REPLACED WITH A MULTI-COMPONENT ANALYZER AND A STACK FLOW MONITOR WAS INSTALLED TO ALLOW MONITORING OF CO₂ EMISSIONS FOR GHG REPORTING PURPOSES.

2. **Attachments:**

- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that **cannot** be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)

24. Is there an air pollution control device/s on this emissions unit?



How to delete
a control device?

Do not
leave blank –
if unknown
write
'unknown' or
estimate

Air pollution control device	Air pollution control device	Air pollution control device
SNCR (SELECTIVE NONCATALYTIC REDUCTION)	Type	Type
a. Type WAPC	Manufacturer	Manufacturer
b. Manufacturer NA	Model number	Model number
c. Model number SNCR2A	Facility's ID for this device	Facility's ID for this device
d. Facility's ID for this device 7/1/2000	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
e. Installation date (mm/dd/yyyy) MBR-98-ECP-005	DEP approval # (most recent)	DEP approval # (most recent)
f. DEP approval # (most recent) 6/9/1999	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
g. DEP approval date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
h. Decommission date (mm/dd/yyyy)		

i. Percent overall efficiency – enter for all pollutants that the device was designed to control:

PM 10	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
CO	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	% Overall eff.
NO2	43	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% Overall eff.	% Overall eff.
HOC	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.
Hg	% Overall eff.	% Overall eff.	% Overall eff.
Pb	% Overall eff.	% Overall eff.	% Overall eff.
Other	% Overall eff.	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor – do not
use the return
key.



A. Emission Unit – Incinerator Information

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

- a. Facility name
132771
b. DEP Account number

1210261

c. Facility AQ identifier – SSEIS ID number

2. Emission unit identifiers:

MUNICIPAL WASTE COMBUSTOR/BOILER #1

- a. Facility's choice of emission unit name – edit as needed
1
b. Facility's emission unit number / code – edit as needed

1

c. DEP emissions unit # – SSEIS point #

3. DEP approvals – leave blank if not applicable:

MBR-98-ECP-005

- a. Most recent approval number

6/9/1999

b. DEP approval date (mm/dd/yyyy)

4. Emission unit installation and decommission dates:

3/1/1985

- a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) – if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

5. Emission unit replacement?

- a. Is this unit, replacing another emission unit?

no yes – enter DEP's emissions unit number for the unit being replaced below:

- b. DEP's Emission Unit Number and facility's unit name

6. Are there routine air quality reporting requirements for this emissions unit (other than Source Registration)?

- a. Are there other routine air quality reporting requirements for this emissions unit ?

yes – specify reporting frequency below no – skip to question 6c

- b. Reporting frequency – check all that apply:

Monthly Quarterly Semi-annual Annual RES

(include Operating Permit and Plan Approval reports, but not exceedance reporting)

- c. Is this unit subject to (check all that apply):

NESHAP NSPS MACT

How to delete
a unit ?

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

2014
Year of record
1
DEP EU# (old Point#)
1210261
Facility AQ identifier

A. Emission Unit – Incinerator Information (cont.)

Note: This section is not for afterburners or other pollution control equipment.

7. Incinerator description:

- a. Type: commercial industrial medical
 municipal sludge other:

RILEY STOKER

b. Manufacturer:

d. Maximum operating capacity: 

173000

e. Pounds of steam per hour

8. Waste type – select one:

- Type 0 Waste – dry rubbish, trash
 Type 1 Waste – rubbish
 Type 2 Waste – mix of rubbish & garbage
 Type 3 Waste – garbage
 Type 4 Waste – infectious/medical waste
 Type 5 Waste – industrial (liquid)
 Type 6 Waste – industrial (solid)
 other:

MUNICIPAL SOLID WASTE

Specify Other Waste Type

9. Source Classification Code (SCC)
(see instructions): 

50100102

SC Code (call DEP if SC code will not validate)

MUNICIPAL INCIN-SINGLE CHAMBER

SC Code Description – **filled by eDEP upon validation**

227984.0000

Tons

228129

Tons in previous year – **eDEP only**

10. Amount of material incinerated in year of record:

11. Charging rate restriction (for batch units only):

a. Amount

- b. pounds of waste per hour OR
 tons of waste per hour

yes no

1

813

Square Feet

yes no

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)

16. Hours of operation for the emission unit: a. check if continuously operated – 24 x 7 x 52



24

7

49

b. Number of hours per day

c. Number of days per week

d. Number of weeks per year

e. Percent of total annual operation that occurs in each calendar quarter:

26.0

23.8

25.0

25.2

Sum of Q1+Q2+Q3+Q4 must = 100%

Q1

Q2

Q3

Q4

or 0 if the unit was not operated for any quarter

17. Ozone season schedule – May 1 through September 30:

24

7

21

a. Ozone season hours per day

b. Ozone season days per week

c. Weeks operated in ozone season

18. Emission release point – select one:

Non-Stack Release Points:

- fugitive horizontal vent
 gooseneck downward facing vent
 vertical stack/vent less than 10ft

Physical Stacks:

- vertical stack
 vertical with rain cap/sleeve

If Non-Stack release point, skip to question 20.

19. Link this unit to a physical stack (if applicable) – pick from the list below:

1 DUAL FLUE STACK: 2 MUNICIPAL WASTE COMBUSTORS

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form **before** returning to this form.

20. Temperature – degrees in Fahrenheit

Primary Chamber

Secondary Chamber

1800

2400

Lower

Upper

9999

9999

Lower

Upper

a. Operating range:

b. Permitted range:

21. Retention time in seconds

a. Operating retention time:

Lower Upper

b. Permitted retention time:

Lower Upper

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)

22. Primary chamber auxiliary burners:

a. Type of burner – check one:

- rotary mech. atomizer steam atomizer
 air atomizer traveling grate hand fired
 other:

Specify "other" burner type

FORNEY

b. Burner manufacturer

NOX MISER WT-20

c. Burner model number

40

d. Maximum rating MMBtu / hr

e. Source Classification C code (SCC):

(see instructions)



50190006

SC Code (call DEP if SC code will not validate)

AUX.FUEL/NO EMSNS-NATURAL GAS

SC Code Description – **filled by eDEP upon validation**

f. Type of fuel – check one:



no.2 no.4 no.6

diesel natural gas other – describe:

Describe "other" fuel

g. Sulfur content for oils (0-2.2):

h. Maximum hourly fuel rate for all firing burners:

Percent by weight

0.0762

Amount

MILLION CUBIC FEET

Units per hour



i. Total actual fuel used for year of record:

(Enter "0" if not used in the year of record)

3.9550

Amount – year of record

2.4962

Prior year – **eDEP only**

MILLION CUBIC FEET

Units

MILLION CUBIC FEET

Units

j. Do you have fuel or usage restrictions?



yes no – skip to question 23

k. DEP approval number for fuel restrictions:



Most recent for this fuel

l. Annual usage restriction (for this fuel):

Quantity

Units

m. Short term use restriction (for this fuel):

Quantity

Units

Per: month week day hour

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)

23. Secondary chamber auxiliary burners:

Is there a secondary chamber? Yes No – if no skip to Question 24

a. Type of burner – check one:

rotary mech. atomizer steam atomizer
 air atomizer traveling grate hand fired
 other:

Specify "other" burner type

b. Burner manufacturer

c. Burner model number

d. Maximum rating MMBtu/hr

e. Source Classification C code (SCC):
(see instructions)

SC Code (call DEP if SC code will not validate)

SC Code Description – filled by eDEP upon validation

f. Type of fuel – check one:

no.2 no.4 no.6
 diesel natural gas other – describe:

Describe "other" fuel

g. Sulfur content for oils (0-2.2):

Percent by weight

h. Maximum hourly fuel rate for all firing burners:

Amount Units per hour

i. Total actual fuel used for year of record:
(Enter "0" if not used in the year of record)

Amount – year of record Units

Prior year – eDEP only Units

j. Do you have fuel usage restrictions?

yes no – skip to question 24

k. DEP approval number for fuel restrictions:

Most recent for this fuel

l. Annual usage restriction (for this fuel):

Quantity Units

m. Short term fuel use restriction (for this fuel):

Quantity Units

Per: month week day hour

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)

24. Is there an air pollution control device/s on this emissions unit?

yes – answer a through i no – skip to question 25

Check here if you need to report more than 3 air pollution control devices on this unit. eDEP will add another page of control devices after this form.

How to delete a control?

Do not leave blank – if unknown write 'unknown' or estimate

Leave f, g, h blank if not applicable.

Air pollution control device	Air pollution control device	Air pollution control device
FABRIC FILTER	SNCR (SELECTIVE NONCATALYTIC REDUCTION)	SPRAY DRYER
a. Type WAPC	Type WAPC	Type WAPC
b. Manufacturer NA	Manufacturer NA	Manufacturer NA
c. Model number FF1	Model number SNCR1	Model number SDA1
d. Facility's ID for this device 7/1/2000	Facility's ID for this device 7/1/2000	Facility's ID for this device 7/1/2000
e. Installation date (mm/dd/yyyy) MBR-98-ECP-005	Installation date (mm/dd/yyyy) MBR-98-ECP-005	Installation date (mm/dd/yyyy) MBR-98-ECP-005
f. DEP approval # (most recent) 6/9/1999	DEP approval # (most recent) 6/9/1999	DEP approval # (most recent) 6/9/1999
g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)

i. Percent overall efficiency – enter for all pollutants that the device was designed to control:

PM 10	99.7	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	99	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
SO2	0	0	75
	% Overall eff.	% Overall eff.	% Overall eff.
CO	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
VOC	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
NO2	0	43	0
	% Overall eff.	% Overall eff.	% Overall eff.
NH3	0	0	0
	% Overall eff.	% Overall eff.	% Overall eff.
HOC			
	% Overall eff.	% Overall eff.	% Overall eff.
HYC			
	% Overall eff.	% Overall eff.	% Overall eff.
Hg			
	% Overall eff.	% Overall eff.	% Overall eff.
Pb			
	% Overall eff.	% Overall eff.	% Overall eff.
Other	99.7	0	95
	% Overall eff.	% Overall eff.	% Overall eff.
	TOTAL SUSPENDED PARTICULATES	TOTAL SUSPENDED PARTICULATES	HYDROCHLORIC ACID
	Specify "Other"	Specify "Other"	Specify "Other"

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)



How to delete
a monitor?

Do not
leave blank –
if unknown
write
'unknown' or
estimate

Leave f, g, h
blank if not
applicable.

25. Is there **monitoring equipment** on this emissions unit:

yes – answer a through l no – skip to section B

a. Monitor type:

Monitor 1

check only one:

- CEMs
- opacity
- fuel flow meter
- time recorder
- temperature recorder
- pressure
- other – describe:

Monitor 2

check only one:

- CEMs
- opacity
- fuel flow meter
- time recorder
- temperature recorder
- pressure
- other – describe:

Monitor 3

check only one:

- CEMs
- opacity
- fuel flow meter
- time recorder
- temperature recorder
- pressure
- other – describe:

b. Manufacturer:

Describe "other"

LAND

c. Model number:

4500MKII+

d. Monitor ID #:

COMS

Facility's Designation

3/23/2005

(mm/dd/yyyy)

MBR-98-ECP-005

e. Installation date:

6/9/1999

(mm/dd/yyyy)

f. DEP approval #:

6/9/1999

(mm/dd/yyyy)

g. DEP approval date:

6/9/1999

(mm/dd/yyyy)

h. Decommission date:

(mm/dd/yyyy)

i. Recorder?

yes no

j. Audible alarm?

yes no

k. Data system?

yes no

l. Monitored pollutants –
check all that apply:

- PM 10
- PM 2.5
- SO2
- CO
- VOC
- NO2
- NH3
- Mercury
- Oxygen
- CO2
- H2S
- HCL
- Opacity
- other – describe:

Describe "other"

- PM 10
- PM 2.5
- SO2
- CO
- VOC
- NO2
- NH3
- Mercury
- Oxygen
- CO2
- H2S
- HCL
- Opacity
- other – describe:

Describe "other"

- PM 10
- PM 2.5
- SO2
- CO
- VOC
- NO2
- NH3
- Mercury
- Oxygen
- CO2
- H2S
- HCL
- Opacity
- other – describe:

Describe "other"

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality

2014
Year of record

1

DEP EU# (old Point#)

1210261

Facility AQ identifier

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

B. Emissions

1. Total emissions for this emissions unit – tons per year:

	Pollutant	PM10	PM2.5	SO2	NO2	CO
Actual for previous year eDEP only:		0.7918	0.7903	35.6898	438.1082	10.0836
Actual for year of record:	Tons	Tons	Tons	Tons	Tons	Tons
1.0794	1.0794	19.8432	394.3853	11.2977		
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons	Tons
1916	301	474	487	63.4		
Emission factor:	Tons	Tons	Tons	Tons	Tons	Tons
0.009500	0.009500	0.174100	3.459800	0.099100		
Emission factor units in pounds per:	TONS	TONS	TONS	TONS	TONS	TONS
Maximum allowed emissions – annual:	Tons	Tons	Tons	87.7	445.2	91.2
Maximum allowed emissions – short term:	Pounds	Pounds	Pounds			
Short term period (or MMBtu):						
Basis: DEP approval number or regulation:			MBR-98-ECP-005	MBR-98-ECP-005	MBR-98-ECP-005	

For the entire unit only
(leave blank if none)

Other:

	Pollutant	VOC	HOC	*Reserved*	NH3	Specify
Actual for previous year eDEP only:		2.2820			0.9772	
Actual for year of record:	Tons	Tons	Tons		Tons	Tons
2.2826	2.2826	1.5170				
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons		Tons	Tons
205	9	0.013300				
Emission factor:	Tons	Tons	Tons			
0.02						
Emission factor units in pounds per:	TONS			TONS		
Maximum allowed emissions – annual:	Tons	Tons	Tons	Tons	Tons	Tons
Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period (or MMBtu):						
Basis – DEP approval number or regulation:				MBR-98-ECP-005		

For the entire unit only
(leave blank if none)

2. Ozone season emissions – May 1 through September 30:

12.6422

a. Typical day VOC emissions – pounds per day

check to enter your own values

2184.3043

b. Typical day NOx emissions – pounds per day

check to enter your own values

Important:
Leaving blanks for Actual and Potential emissions means that you are certifying that there were less than 0.0001 (or zero) tons of emissions for each blank.



NOTE for
Ozone Season
Emissions

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission.

THERE ARE TWO DENTICAL FORNEY MODEL NOX MISER WT-20 NATURAL GAS FIRED BURNERS LOCATED IN THE PRIMARY CHAMBER. EACH BURNER IS RATED AT 40 MMBTU/HR. REPORTED SO₂, NOX AND CO EMISSIONS ARE BASED ON CEMS DATA. REPORTED PM10, PM2.5, NH₃ AND HCL EMISSIONS ARE BASED ON STACK TEST DATA. VOC EMISSIONS ARE ESTIMATED USING AN EMISSION FACTOR. ALSO INCLUDED ARE EMISSION FACTOR BASED ESTIMATES OF EMISSION RESULTING FROM NATURAL GAS COMBUSTION IN THE AUXILLIARY BURNERS DURING STARTUP AND SHUTDOWN. ORIGINAL CEMS MANUFACTURER WAS KVB. CEMS EQUIPMENT HAS BEEN MODIFIED ON SEVERAL OCCASIONS OVER THE LIFE OF THE FACILITY. MOST RECENTLY FF OUTLET ANALYZERS WERE REPLACED WITH A MULTI-COMPONENT ANALYZER AND A STACK FLOW MONITOR WAS INSTALLED TO ALLOW MONITORING OF CO₂ EMISSIONS FOR GHG REPORTING PURPOSES.

2. **Attachments:**

- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that **cannot** be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

A. Emission Unit – Incinerator Information (cont.)

24. Is there an air pollution control device/s on this emissions unit?



How to delete
a control device?

Do not
leave blank –
if unknown
write
'unknown' or
estimate

Air pollution control device	Air pollution control device	Air pollution control device
ACTIVATED CARBON INJECTION (ACI)	Type	Type
a. Type WAPC	Manufacturer	Manufacturer
b. Manufacturer NA	Model number	Model number
c. Model number PACIS1A	Facility's ID for this device	Facility's ID for this device
d. Facility's ID for this device 7/1/2000	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
e. Installation date (mm/dd/yyyy) MBR-98-ECP-005	DEP approval # (most recent)	DEP approval # (most recent)
f. DEP approval # (most recent) 6/9/1999	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
g. DEP approval date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
h. Decommission date (mm/dd/yyyy)		

i. Percent overall efficiency – enter for all pollutants that the device was designed to control:

PM 10	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
CO	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% Overall eff.	% Overall eff.
HOC	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.
Hg	85	% Overall eff.	% Overall eff.
Pb	% Overall eff.	% Overall eff.	% Overall eff.
Other	% Overall eff.	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"

BWP AQ AP-4

Emission Unit – Organic Material Storage

2014

Year of record

9

DEP EU# (old Point #)

1210261

Facility AQ identifier

Important:
When filling out forms on the computer, use only the tab key to move your cursor – do not use the return key.



How to combine units ?



How to delete a unit ?

Complete one AP-4 for EACH organic material storage tank.

A. Equipment Description

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

1210261

b. DEP Account number

c. Facility AQ identifier – SSEIS ID number

2. Emission unit identifiers:

ABOVEGROUND UREA STORAGE TANK

a. Facility's choice of emission unit name – edit as needed

9

9

b. Facility's emission unit number / code – edit as needed

c. DEP emissions unit # – SSEIS point #

d. Combined Units – enter number of individual units

3. Emission unit installation and decommission dates:

7/1/2000

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) – if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

4. Emission unit replacement:

a. Is this unit replacing another emission unit?

 no yes – enter DEP's emissions unit number for the unit being replaced below:

b. DEP's Emission Unit Number and facility unit name

5. Unit descriptions:

a. Description: above ground below groundb. Roof type: floating roof internal roof
 fixed other:

Specify other

21.25

11

15000

c. Height / Length – feet

d. Diameter – feet

e. Capacity – gallons

6. Construction: steel weld other weld rivet fiberglass gunite

BWP AQ AP-4

Emission Unit – Organic Material Storage

2014

Year of record

9

DEP EU# (old Point #)

1210261

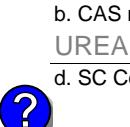
Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):

UREA

a. Name of material



b. CAS number if single chemical
UREA:BREATHING LOSS

c. SC Code description – filled by eDEP

d. SC Code description – filled by eDEP

e. Temperature – typical storage temp. in °Fahrenheit

f. Temperature – typical storage temp. in °Fahrenheit

g. RVP – gasoline only

h. RVP – gasoline only

i. Oxygenate name – gasoline only

30187013

c. SC Code for standing / breathing loss

e. Vapor pressure in PSI at 25° C

285997.0000

g. Annual throughput in gallons (enter 0 if not used)

i. Total oxygen percent – gasoline only

8. New material stored (enter new material if contents changed during year of record):

a. Name of material

b. CAS number if single chemical

d. SC Code description – filled by eDEP

f. Temperature – typical storage temp. in °Fahrenheit

h. RVP – gasoline only

j. Oxygenate name – gasoline only

c. SC Code for standing / breathing loss

e. Vapor pressure in PSI at 25° C

g. Annual throughput in gallons

i. Total oxygen percent – gasoline only

B. Notes and Attachments

1. **Notes:** please include in the space below any additional information that will help DEP understand your submission.

TANK IS USED TO STORE UREA FOR USE IN SELECTIVE NON CATALYTIC REDUCTION (SNCR) SYSTEMS.

2. **Attachments:** Check here to submit attachments to this form. For attachments that **cannot** be sent electronically, please list all such attachments in notes above and deliver them to DEP with a paper copy of this form.

BWP AQ AP-4

Emission Unit – Organic Material Storage

2014

Year of record

12

DEP EU# (old Point #)

1210261

Facility AQ identifier

Important:
When filling out forms on the computer, use only the tab key to move your cursor – do not use the return key.



How to combine units ?



How to delete a unit ?

Complete one AP-4 for EACH organic material storage tank.**A. Equipment Description**

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

1210261

b. DEP Account number

c. Facility AQ identifier – SSEIS ID number

2. Emission unit identifiers:

ABOVEGROUND DIESEL FUEL STORAGE TANK

a. Facility's choice of emission unit name – edit as needed

12

12

b. Facility's emission unit number / code – edit as needed

c. DEP emissions unit # – SSEIS point #

d. Combined Units – enter number of individual units

3. Emission unit installation and decommission dates:

1/6/2005

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) – if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

4. Emission unit replacement:

a. Is this unit replacing another emission unit?

 no yes – enter DEP's emissions unit number for the unit being replaced below:

b. DEP's Emission Unit Number and facility unit name

5. Unit descriptions:

a. Description: above ground below groundb. Roof type: floating roof internal roof
 fixed other:

CONVAULT TANK

Specify other

11

5.67

1000

c. Height / Length – feet

d. Diameter – feet

e. Capacity – gallons

6. Construction: steel weld other weld rivet fiberglass gunite

BWP AQ AP-4

Emission Unit – Organic Material Storage

2014

Year of record

12

DEP EU# (old Point #)

1210261

Facility AQ identifier

A. Equipment Description (cont.)

7. Material stored (at start of year):

DIESEL FUEL

a. Name of material

68476346

b. CAS number if single chemical

DIESEL FUEL STANDING LOSS

d. SC Code description – filled by eDEP

54

f. Temperature – typical storage temp. in °Fahrenheit

h. RVP – gasoline only

j. Oxygenate name – gasoline only

40400121

c. SC Code for standing / breathing loss

0.006

e. Vapor pressure in PSI at 25° C

22559.0000

g. Annual throughput in gallons (enter 0 if not used)

i. Total oxygen percent – gasoline only

8. New material stored (enter new material if contents changed during year of record):

a. Name of material

b. CAS number if single chemical

d. SC Code description – filled by eDEP

f. Temperature – typical storage temp. in °Fahrenheit

h. RVP – gasoline only

j. Oxygenate name – gasoline only

c. SC Code for standing / breathing loss

e. Vapor pressure in PSI at 25° C

g. Annual throughput in gallons

i. Total oxygen percent – gasoline only

B. Notes and Attachments

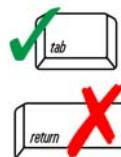
1. **Notes:** please include in the space below any additional information that will help DEP understand your submission.

TANK USED TO STORE DIESEL FUEL FOR USE IN ROLLING STOCK. THIS TANK REPLACED EU#8.

2. **Attachments:** Check here to submit attachments to this form. For attachments that **cannot** be sent electronically, please list all such attachments in notes above and deliver them to DEP with a paper copy of this form.



Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Annual Total Emissions Statement

1. Facility Identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

- a. Facility name
132771

1210261

- b. DEP Account number

c. Facility AQ identifier – SSEIS ID number

2. **Total Emissions** - This form calculates your facility's actual and potential emissions by adding the emissions you entered in forms for each emission unit. The results are displayed in the table below. You must validate forms for each emission unit before the results below can be complete. To enter HAP emissions, see Section D.
3. **Facility-wide Emission Limits** -- Please enter facility-wide annual or short-term emissions limits below, if any. To enter HAP restrictions, see Section D.

Pollutant:	PM10	PM2.5	SO2	NO2	CO
Actual for previous year eDEP only:	5.555	1.9274	57.0774	874.2312	21.9728
Tons	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	5.6561	2.0480	40.7691	818.3115	22.3274
Tons	Tons	Tons	Tons	Tons	Tons
Potential emissions at max capacity uncontrolled:	3860.2368	602.3679	949.0433	989.8731	130.2164
Tons	Tons	Tons	Tons	Tons	Tons
Facility-wide max allowed emissions – annual:			682.1	1515.8	176.8
Tons	Tons	Tons	Tons	Tons	Tons
Facility-wide max allowed emissions – short term:					
Short term period:					
Basis: DEP approval number or regulation:			MBR-88-INC-004	MBR-88-INC-004	MBR-88-INC-004
Pollutant:	VOC	HOC	*Reserved*	NH3	<input type="checkbox"/> *Reserved*
Actual for previous year eDEP only:	4.5535	0	0	2.1378	
Tons	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	4.6108	0	0	2.1148	
Tons	Tons	Tons	Tons	Tons	Tons
Potential emissions at max capacity uncontrolled:	411.2956	0	0	18.2762	
Tons	Tons	Tons	Tons	Tons	Tons
Facility-wide max allowed emissions – annual:					
Tons	Tons	Tons	Tons	Tons	Tons
Facility-wide max allowed emissions – short term:					
Short term period:					
Basis: DEP approval number or regulation:					



A. Annual Total Emissions Statement (cont.)



4. If you have **facility-wide** fuel, raw material, or product restrictions, complete the following for each:

a. MBR-95-OPP-012	66.96	TONS	HOUR
DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time
MSW FEEDRATE			
Description of fuel, raw material or product restricted			

b.	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time
Description of fuel, raw material or product restricted				

c.	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time
Description of fuel, raw material or product restricted				

B. Greenhouse Gas List



GHG thresholds
– what to report
and what not to
report here

1. Please indicate which – if any - of the following greenhouse gas chemicals are used and/or emitted by checking the appropriate box:

Use	Emitted	Use	Emitted
<input type="checkbox"/>	<input type="checkbox"/> Nitrous oxide N2O	<input checked="" type="checkbox"/>	<input type="checkbox"/> Hydrofluorocarbons (HFC's)
<input type="checkbox"/>	<input type="checkbox"/> Sulfur Hexafluoride (SF6)	<input type="checkbox"/>	<input type="checkbox"/> Perfluorocarbons (PFCs)

C. Hazardous Air Pollutant (HAP) List



HAP thresholds
– what to report
and what not to
report here

1. Does your facility use any of the Hazardous Air Pollutants regulated under Section 112 of the Clean Air Act that are listed below and on the following pages:

- yes - indicate which chemicals are used and which are emitted by checking the appropriate boxes
 no - skip to section D.

Use	Emitted	Hazardous Air Pollutants	CAS #	Use	Emitted	Hazardous Air Pollutants	CAS #
<input type="checkbox"/>	<input type="checkbox"/> Acetaldehyde	75-07-0		<input type="checkbox"/>	<input type="checkbox"/> Allyl chloride	107-05-1	
<input type="checkbox"/>	<input type="checkbox"/> Acetamide	60-35-5		<input type="checkbox"/>	<input type="checkbox"/> 4-Aminobiphenyl	92-67-1	
<input type="checkbox"/>	<input type="checkbox"/> Acetonitrile	75-05-8		<input type="checkbox"/>	<input type="checkbox"/> Aniline	62-53-3	
<input type="checkbox"/>	<input type="checkbox"/> Acetophenone	98-86-2		<input type="checkbox"/>	<input type="checkbox"/> o-Anisidine	90-04-0	
<input type="checkbox"/>	<input type="checkbox"/> 2-Acetylaminofluorene	53-96-3		<input type="checkbox"/>	<input type="checkbox"/> Asbestos	1332-21-4	
<input type="checkbox"/>	<input type="checkbox"/> Acrolein	107-02-8		<input type="checkbox"/>	<input type="checkbox"/> Benzene	71-43-2	
<input type="checkbox"/>	<input type="checkbox"/> Acrylamide	79-06-1		<input type="checkbox"/>	<input type="checkbox"/> Benzidine	92-87-5	
<input type="checkbox"/>	<input type="checkbox"/> Acrylic acid	79-10-7		<input type="checkbox"/>	<input type="checkbox"/> Benzotrichloride	98-07-7	
<input type="checkbox"/>	<input type="checkbox"/> Acrylonitrile	107-13-1		<input type="checkbox"/>	<input type="checkbox"/> Benzyl chloride	100-44-7	

What is a HAP ?



C. Hazardous Air Pollutant (HAP) List (cont.)

Use	Emitted	CAS #	Use	Emitted	CAS #
<input type="checkbox"/>	<input type="checkbox"/> Biphenyl	92-52-4	<input type="checkbox"/>	<input type="checkbox"/> 2,4-Dinitrotoluene	121-14-2
<input type="checkbox"/>	<input type="checkbox"/> Bis(2-ethylhexyl)phthalate	117-81-7	<input type="checkbox"/>	<input type="checkbox"/> 1,4-Dioxane (1,4-Diethyleneoxide)	123-91-1
<input type="checkbox"/>	<input type="checkbox"/> Bis(chloromethyl)ether	542-88-1	<input type="checkbox"/>	<input type="checkbox"/> 1,2-Diphenylhydrazine	122-66-7
<input type="checkbox"/>	<input type="checkbox"/> Bromoform	75-25-2	<input type="checkbox"/>	<input type="checkbox"/> Epichlorohydrin (1-Chloro-2,3-epoxypropane)	106-89-8
<input type="checkbox"/>	<input type="checkbox"/> 1,3-Butadiene	106-99-0	<input type="checkbox"/>	<input type="checkbox"/> 1,2-Epoxybutane (1,2-Butylene oxide)	106-88-7
<input type="checkbox"/>	<input type="checkbox"/> Calcium cyanamide	156-62-7	<input type="checkbox"/>	<input type="checkbox"/> Ethyl acrylate	140-88-5
<input type="checkbox"/>	<input type="checkbox"/> Captan	133-06-2	<input type="checkbox"/>	<input type="checkbox"/> Ethyl benzene	100-41-4
<input type="checkbox"/>	<input type="checkbox"/> Carbaryl	63-25-2	<input type="checkbox"/>	<input type="checkbox"/> Ethyl carbamate (Urethane)	51-79-6
<input type="checkbox"/>	<input type="checkbox"/> Carbon disulfide	75-15-0	<input type="checkbox"/>	<input type="checkbox"/> Ethyl chloride (Chloroethane)	75-00-3
<input type="checkbox"/>	<input type="checkbox"/> Carbon tetrachloride	56-23-5	<input type="checkbox"/>	<input type="checkbox"/> Ethylene dibromide (1,2-Dibromoethane)	106-93-4
<input type="checkbox"/>	<input type="checkbox"/> Carbonyl sulfide	463-58-1	<input type="checkbox"/>	<input type="checkbox"/> Ethylene dichloride (1,2-Dichloroethane)	107-06-2
<input type="checkbox"/>	<input type="checkbox"/> Catechol	120-80-9	<input checked="" type="checkbox"/>	<input type="checkbox"/> Ethylene glycol	107-21-1
<input type="checkbox"/>	<input type="checkbox"/> Chloramben	133-90-4	<input type="checkbox"/>	<input type="checkbox"/> Ethylene imine (Aziridine)	151-56-4
<input type="checkbox"/>	<input type="checkbox"/> Chlordane	57-74-9	<input type="checkbox"/>	<input type="checkbox"/> Ethylene oxide	75-21-8
<input type="checkbox"/>	<input type="checkbox"/> Chlorine	7782-50-5	<input type="checkbox"/>	<input type="checkbox"/> Ethylene thiourea	96-45-7
<input type="checkbox"/>	<input type="checkbox"/> Chloroacetic acid	79-11-8	<input type="checkbox"/>	<input type="checkbox"/> Ethylidene dichloride (1,1-Dichloroethane)	75-34-3
<input type="checkbox"/>	<input type="checkbox"/> 2-Chloroacetophenone	532-27-4	<input type="checkbox"/>	<input type="checkbox"/> Formaldehyde	50-00-0
<input type="checkbox"/>	<input type="checkbox"/> Chlorobenzene	108-90-7	<input type="checkbox"/>	<input type="checkbox"/> Heptachlor	76-44-8
<input type="checkbox"/>	<input type="checkbox"/> Chlorobenzilate	510-15-6	<input type="checkbox"/>	<input type="checkbox"/> Hexachlorobenzene	118-74-1
<input type="checkbox"/>	<input type="checkbox"/> Chloroform	67-66-3	<input type="checkbox"/>	<input type="checkbox"/> Hexachloro-butadiene	87-68-3
<input type="checkbox"/>	<input type="checkbox"/> Chloromethyl methyl ether	107-30-2	<input type="checkbox"/>	<input type="checkbox"/> Hexachlorocyclopentadiene	77-47-4
<input type="checkbox"/>	<input type="checkbox"/> Chloroprene	126-99-8	<input type="checkbox"/>	<input type="checkbox"/> Hexachloroethane	67-72-1
<input type="checkbox"/>	<input type="checkbox"/> Cresols (mixed isomers)	1319-77-3	<input type="checkbox"/>	<input type="checkbox"/> Hexamethylene-1,6-diisocyanate	822-06-0
<input type="checkbox"/>	<input type="checkbox"/> m-Cresol	108-39-4	<input type="checkbox"/>	<input type="checkbox"/> Hexamethylphosphoramide	680-31-9
<input type="checkbox"/>	<input type="checkbox"/> o-Cresol	95-48-7	<input type="checkbox"/>	<input type="checkbox"/> Hexane	110-54-3
<input type="checkbox"/>	<input type="checkbox"/> p-Cresol	106-44-5	<input type="checkbox"/>	<input type="checkbox"/> Hydrazine	302-01-2
<input type="checkbox"/>	<input type="checkbox"/> Cumene	98-82-8	<input checked="" type="checkbox"/>	<input type="checkbox"/> Hydrochloric acid	7647-01-0
<input type="checkbox"/>	<input type="checkbox"/> 2,4-D, salts and esters	94-75-7	<input type="checkbox"/>	<input type="checkbox"/> Hydrogen fluoride	7664-39-3
<input type="checkbox"/>	<input type="checkbox"/> DDE	72-55-9	<input type="checkbox"/>	<input type="checkbox"/> Hydrogen sulfide	7783-06-4
<input type="checkbox"/>	<input type="checkbox"/> Diazomethane	334-88-3	<input type="checkbox"/>	<input type="checkbox"/> Hydroquinone	123-31-9
<input type="checkbox"/>	<input type="checkbox"/> Dibenzofuran	132-64-9	<input type="checkbox"/>	<input type="checkbox"/> Isophorone	78-59-1
<input type="checkbox"/>	<input type="checkbox"/> 1,2-Dibromo-3-chloropropane	96-12-8	<input type="checkbox"/>	<input type="checkbox"/> Lindane	58-89-9
<input type="checkbox"/>	<input type="checkbox"/> Dibutylphthalate	84-74-2	<input type="checkbox"/>	<input type="checkbox"/> Maleic anhydride	108-31-6
<input type="checkbox"/>	<input type="checkbox"/> 1,4-Dichlorobenzene	106-46-7	<input type="checkbox"/>	<input type="checkbox"/> Methanol	67-56-1
<input type="checkbox"/>	<input type="checkbox"/> 3,3-Dichlorobenzidine	91-94-1	<input type="checkbox"/>	<input type="checkbox"/> Methoxychlor	72-43-5
<input type="checkbox"/>	<input type="checkbox"/> Dichloroethylether (Bis(2-chloroethyl)ether)	111-44-4	<input type="checkbox"/>	<input type="checkbox"/> Methyl bromide (Bromomethane)	74-83-9
<input type="checkbox"/>	<input type="checkbox"/> 1,3-Dichloropropene (1,3-Dichloropropylene)	542-75-6	<input type="checkbox"/>	<input type="checkbox"/> Methyl chloride (Chloromethane)	74-87-3
<input type="checkbox"/>	<input type="checkbox"/> Dichlorvos	62-73-7	<input type="checkbox"/>	<input type="checkbox"/> Methyl chloroform (1,1,1-Trichloroethane)	71-55-6
<input type="checkbox"/>	<input type="checkbox"/> Diethanolamine	111-42-2	<input type="checkbox"/>	<input type="checkbox"/> Methyl ethyl ketone (not required)	78-93-3
<input type="checkbox"/>	<input type="checkbox"/> N,N-Diethyl aniline (N,N-Dimethylaniline)	121-69-7	<input type="checkbox"/>	<input type="checkbox"/> Methyl hydrazine	60-34-4
<input type="checkbox"/>	<input type="checkbox"/> Diethyl sulfate	64-67-5	<input type="checkbox"/>	<input type="checkbox"/> Methyl iodide (Iodomethane)	74-88-4
<input type="checkbox"/>	<input type="checkbox"/> 3,3-Dimethoxybenzidine	119-90-4	<input type="checkbox"/>	<input type="checkbox"/> Methyl isobutyl ketone (Hexone)	108-10-1
<input type="checkbox"/>	<input type="checkbox"/> Dimethyl aminoazobenzene	60-11-7	<input type="checkbox"/>	<input type="checkbox"/> Methyl isocyanate	624-83-9
<input type="checkbox"/>	<input type="checkbox"/> 3,3-Dimethyl benzidine	119-93-7	<input type="checkbox"/>	<input type="checkbox"/> Methyl methacrylate	80-62-6
<input type="checkbox"/>	<input type="checkbox"/> Dimethyl carbamoyl chloride	79-44-7	<input type="checkbox"/>	<input type="checkbox"/> Methyl tert-butyl ether	1634-04-4
<input type="checkbox"/>	<input type="checkbox"/> Dimethyl formamide (N,N-)	68-12-2	<input type="checkbox"/>	<input type="checkbox"/> 4,4-Methylenebis(2-chloroaniline)	101-14-4
<input type="checkbox"/>	<input type="checkbox"/> 1,1-Dimethyl hydrazine	57-14-7	<input type="checkbox"/>	<input type="checkbox"/> Methylene chloride (Dichloromethane)	75-09-2
<input type="checkbox"/>	<input type="checkbox"/> Dimethyl phthalate	131-11-3	<input type="checkbox"/>	<input type="checkbox"/> Methylene diphenyl diisocyanate(MDI)	101-68-8
<input type="checkbox"/>	<input type="checkbox"/> Dimethyl sulfate	77-78-1	<input type="checkbox"/>	<input type="checkbox"/> 4,4-Methylenedianiline	101-77-9
<input type="checkbox"/>	<input type="checkbox"/> 4,6-Dinitro-o-cresol and salts	534-52-1	<input type="checkbox"/>	<input type="checkbox"/> Naphthalene	91-20-3
<input type="checkbox"/>	<input type="checkbox"/> 2,4-Dinitrophenol	51-28-5	<input type="checkbox"/>	<input type="checkbox"/> Nitrobenzene	98-95-3



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C. Hazardous Air Pollutant (HAP) List (cont.)

Use	Emitted	CAS #	Use	Emitted	CAS #
<input type="checkbox"/>	<input type="checkbox"/> 4-Nitrobiphenyl	92-93-3	<input type="checkbox"/>	<input type="checkbox"/> Vinylidene chloride (1,1-Dichloroethylene)	75-35-4
<input type="checkbox"/>	<input type="checkbox"/> 4-Nitrophenol	100-02-7	<input type="checkbox"/>	<input type="checkbox"/> Xylene (mixed isomers)	1330-20-7
<input type="checkbox"/>	<input type="checkbox"/> 2-Nitropropane	79-46-9	<input type="checkbox"/>	<input type="checkbox"/> m-Xylene	108-38-3
<input type="checkbox"/>	<input type="checkbox"/> N-Nitrosodimethylamine	62-75-9	<input type="checkbox"/>	<input type="checkbox"/> o-Xylene	95-47-6
<input type="checkbox"/>	<input type="checkbox"/> N-Nitrosomorpholine	59-89-2	<input type="checkbox"/>	<input type="checkbox"/> p-Xylene	106-42-3
<input type="checkbox"/>	<input type="checkbox"/> N-Nitroso-N-methylurea	684-93-5	<input type="checkbox"/>	<input type="checkbox"/> Antimony	7440-36-0
<input type="checkbox"/>	<input type="checkbox"/> Parathion	56-38-2			
<input type="checkbox"/>	<input type="checkbox"/> Pentachloronitrobenzene (Quintozen)	82-68-8			
<input type="checkbox"/>	<input type="checkbox"/> Pentachlorophenol	87-86-5			
<input type="checkbox"/>	<input type="checkbox"/> Phenol	108-95-2			
<input type="checkbox"/>	<input type="checkbox"/> p-Phenylenediamine	106-50-3			
<input type="checkbox"/>	<input type="checkbox"/> Phosgene	75-44-5			
<input type="checkbox"/>	<input type="checkbox"/> Phosphine	7803-51-2			
<input type="checkbox"/>	<input type="checkbox"/> Phosphorous	7723-14-0			
<input type="checkbox"/>	<input type="checkbox"/> Phthalic anhydride	85-44-9			
<input type="checkbox"/>	<input type="checkbox"/> PCBs	1336-36-3			
<input type="checkbox"/>	<input type="checkbox"/> 1,3- Propane sultone	1120-71-4			
<input type="checkbox"/>	<input type="checkbox"/> beta-Propiolactone	57-57-8			
<input type="checkbox"/>	<input type="checkbox"/> Propionaldehyde	123-38-6			
<input type="checkbox"/>	<input type="checkbox"/> Propoxur (Baygon)	114-26-1			
<input type="checkbox"/>	<input type="checkbox"/> Propylene dichloride (1,2 Dichloropropane)	78-87-5			
<input type="checkbox"/>	<input type="checkbox"/> Propylene oxide	75-56-9			
<input type="checkbox"/>	<input type="checkbox"/> 1,2-Propylenimine (2-Methyl aziridine)	75-55-8	<input type="checkbox"/>	<input type="checkbox"/> Coke oven emissions	
<input type="checkbox"/>	<input type="checkbox"/> Quinoline	91-22-5	<input type="checkbox"/>	<input type="checkbox"/> Cyanide compounds (XCN where X=H or any other group where a formal dissociation may occur)	
<input type="checkbox"/>	<input type="checkbox"/> Quinone	106-51-4	<input type="checkbox"/>	<input type="checkbox"/> Hydrogen cyanide	74-90-8
<input type="checkbox"/>	<input type="checkbox"/> Styrene	100-42-5	<input type="checkbox"/>	<input type="checkbox"/> Glycol ethers (include mono- and di- esters of ethylene glycol, diethylene glycol, and triethylene glycol R-(OCH ₂ CH ₂) _n -OR' where n = 1, 2, or 3: R = alkyl C ₇ or less; or R= phenyl or alkyl substituted phenyl; R' = H or alkyl C ₇ or less; or OR' consisting of carboxylic acid ester, sulfate, phosphate, nitrate or sulfonate).	
<input type="checkbox"/>	<input type="checkbox"/> Styrene oxide	96-09-3	<input type="checkbox"/>	<input type="checkbox"/> Fine mineral fibers (includes glass microfibers, glass wool fibers, rock wool fibers and slag wool fibers, each characterized as "respirable" (fiber diameter < 3.5 micrometers) and possessing an aspect ratio (fiber length divided by fiber diameter) > 3)	
<input type="checkbox"/>	<input type="checkbox"/> 2,3,7,8-Tetrachlorodibenzo-p-dioxin	1746-01-6	<input type="checkbox"/>	<input type="checkbox"/> Polycyclic Organic Matters (POM) (includes organic compounds with more than one benzene ring, and which have a boiling point greater than or equal to 100 C)	
<input type="checkbox"/>	<input type="checkbox"/> 1,1,2,2-Tetrachloroethane	79-34-5	<input type="checkbox"/>	<input type="checkbox"/> Radionuclides (a type of atom which spontaneously undergoes radioactive decay)	
<input type="checkbox"/>	<input type="checkbox"/> Tetrachloroethylene (Perchloroethylene)	127-18-4			
<input type="checkbox"/>	<input type="checkbox"/> Titanium tetrachloride	7550-45-0			
<input type="checkbox"/>	<input type="checkbox"/> Toluene	108-88-3			
<input type="checkbox"/>	<input type="checkbox"/> Toluene-2,4- diamine	95-80-7			
<input type="checkbox"/>	<input type="checkbox"/> 2,4-Toluene diisocyanate	584-84-9			
<input type="checkbox"/>	<input type="checkbox"/> o-Tolidene	95-53-4			
<input type="checkbox"/>	<input type="checkbox"/> 1,2,4-Trichlorobenzene	120-82-1			
<input type="checkbox"/>	<input type="checkbox"/> 1,1,2-Trichloroethane	79-00-5			
<input type="checkbox"/>	<input type="checkbox"/> Trichloroethylene	79-01-6			
<input type="checkbox"/>	<input type="checkbox"/> 2,4,5-Trichlorophenol	95-95-4			
<input type="checkbox"/>	<input type="checkbox"/> Triethylamine	121-44-8			
<input type="checkbox"/>	<input type="checkbox"/> Trifluralin	1582-09-8			
<input type="checkbox"/>	<input type="checkbox"/> 2,2,4-Trimethylpentane	540-84-1			
<input type="checkbox"/>	<input type="checkbox"/> Vinyl acetate	108-05-4			
<input type="checkbox"/>	<input type="checkbox"/> Vinyl bromide	593-60-2			
<input type="checkbox"/>	<input type="checkbox"/> Vinyl chloride	75-01-4			



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D. Hazardous Air Pollutant Emissions



Do you need an
operating
permit?

1. Does the facility have the potential to emit (PTE) 10 tons of any single listed Hazardous Air Pollutant (HAP)?

yes no

2. Does the facility have the potential to emit (PTE) a total of 25 tons of any combination of listed Hazardous Air Pollutants (HAPs)?

yes no

3. Does the facility have a restriction on total HAPS?

yes no

4. Are you required to report HAP emissions here for any other reason? (e.g., a permit condition)

yes no

5. If you answered "yes" to any of the questions 1- 4 above you need to report your single largest HAP emissions and your total HAP emissions for the year. You also need to report emissions for any HAP for which you have an emissions restriction. eDEP will generate additional pages needed to enter that data. If you wish to submit additional HAP data, you may add them to the HAP pages that follow or in the attachments and notes sections below.



Are you subject
to TURA ?

E. Notes and Attachments

1. **Notes:** Please include in the space below any additional information that will help DEP understand your submission.

2. **Attachments:**

- Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that **cannot** be sent electronically, please list all such attachments in the notes field above and deliver them to DEP with a paper copy of this form.



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Read First

Emissions (in tons/yr): Enter the actual and potential emissions for your largest single HAP (i.e., the HAP your facility emitted the most of for this year of record). Enter emissions for any additional HAPs, and then validate the form. **Do not enter Total HAP emissions here** – eDEP will present another form for Total HAPs after you validate this form.

Max Allowable Emissions (in tons/yr): Enter only restrictions (limits) that apply to the entire facility. **If there are no such restrictions, leave blank.**



Where do you enter TOTAL HAP emissions ?

Outer facility-wide limits only

	HAP	HAP	HAP
HAP name:	MERCURY COMPOUNDS	DIOXINS	CADMIUM
CAS # for individual HAPs if applicable:	199	155	7440439
Actual for previous year eDEP only:	.0058	0	.0004
	Tons	Tons	Tons
Actual for year of record:	0.0056	0.0000	0.0003
	Tons	Tons	Tons
Potential emissions at max capacity uncontrolled:	1.4440	.0005	2.98
	Tons	Tons	Tons
Maximum allowed emissions – annual:	.0635	.0001	.0454
	Tons	Tons	Tons
Maximum allowed emissions – short term:			
Short term period:			
Basis for max allowed – DEP approval # or regulation:	MBR-98-ECP-005	MBR-98-ECP-005	MBR-98-ECP-005

Outer facility-wide limits only

	HAP	HAP	HAP
HAP name:	HYDROCHLORIC ACID	PBC	
CAS # for individual HAPs if applicable:	HCL	PBC	
Actual for previous year eDEP only:	26.2047	.0043	
	Tons	Tons	Tons
Actual for year of record:	12.9026	0.0030	
	Tons	Tons	Tons
Potential emissions at max capacity uncontrolled:	1752	58.31	
	Tons	Tons	Tons
Maximum allowed emissions – annual:	99.838	.9984	
	Tons	Tons	Tons
Maximum allowed emissions – short term:			
Short term period:			
Basis for max allowed – DEP approval # or regulation:	MBR-98-ECP-005	MBR-98-ECP-005	

Do you have emissions to report for individual HAPs in addition to those above? yes no

eDEP online filers: if you check yes, the system will provide you with an additional blank emissions table after you validate this form.



G. Total Hazardous Air Pollutant (HAP) Emissions

1. **Total HAP Emissions** – Enter your TOTAL HAP emissions for the facility below. Please enter any **facility-wide** restrictions on TOTAL HAPs below as well:

Facility-Wide Total HAP Emissions

a. Actual for previous year eDEP only :	26.2152	
	Tons	
b. Actual for year of record:	12.9115	
	Tons	
c. Potential at max capacity uncontrolled:	1815	
	Tons	
d. Max allowed emissions – annual:		Facility-wide restriction only
e. Max allowed emissions – short term:		Facility-wide restriction only
f. Short term period:		
g. Basis for max allowed emissions:		DEP approval # or regulation

